

Apr 13 2021 10:49am Three_K

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(#210001470223)

COVER LETTER

Department of Stat	tc					
New Filing Section					~3	
Division of Corpor	rations				20	
P. O. Box 6327				•	>	
Taliahassee, FL 3.	2314				0	• •
SUBJECT:				(7) (7) (7)	2021 APR 13 PH	[
·····	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUPFIX)	:		· _
				1	ц.	•
Enclosed are an or	iginal and one (1) copy of the art	icles of incorporation and	a check for:		မ္မ ၂၁	
X \$70.00	☐ \$78.75	\$ 78.75	\$87.50			
Filing Fee	Filing Fee	Filing Fee	Filing Fee,			
rining rec	& Certificate of Status	& Certified Copy	Certified Copy			
	de certificate of status		& Certificate of			
			Status			
		ADDITIONAL CO	PY REQUIRED			
			•			
			• -	·		
FROM:	LOUIS P. GARCIA	,				
PROWL	Name	e (Printed or typed)				
405 MAYDELL DR						
_		Address				
	TAMPA, FL 33619					
			<u>+</u>			
	City, State & Zip					
	312-569-2513					
_	Davtime 'I	elephone number				
	E-mail address: (to be use	d for future annual report r	notification)			

NOTE: Please provide the original and one copy of the articles.

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(#21000/470223)

ARTICLES OF INCORPORATION In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

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ICLE I NAME name of the corporation shall be:	U-BREAK I-T				
TICLE II PRINCIPAL OFFICE Principal street address DS MAYDELL DR AMPA, FL 33619		Mailing addr	ess, if different is:		
		405 MAYDELL DR			
		TAMPA, FL 33619			
CLF.III PURPOSE urpose for which the corporation is of	rganized is:				
AND ALL LAWFUL BU	SINESS				
<u></u>			<u> </u>	~~	
		······································		2021 AFR	
	<u></u>	<u></u>			
		· · · · · · · · · · · · · · · · · · ·	()		
		··.			
			-		
ICLE IV SHARES number of shares of stock is: 100				بب —	
Name and Title: LOUIS P. G. Address 405 MAYDE					
TAMPA, FL					
Name and Title:					
Address	<u>.</u>	Address:			
- <u></u>					
Name and Title:		Name and Title:	<u>_</u>		
Address		Address:			
Address	·····	Address:		<u> </u>	
Address		Address:			

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Name and Title:	Name and	t Title:	-10001-	470	2
Address	Address:				
ARTICLE VI REGISTERED AGENT					
The name and Florida street address (P.O. Box NOT .	acceptable) of the register	red agent is:	-		
Name: Louis P. Garcia			: 	2021	
Address: 405 Maydell i	$\underline{\mathcal{P}}$			2021 APR 13	••
Tampa, FL 33	619				t t
ARTICLE VII INCORPORATOR				РН 3:	
The name and address of the Incorporator is:			je -	- - -	
Name: LOUIS P. Gar	cia		н.	ω	
Address: 405 Mayda	Ell DR.				
Jampa, FL	33619			د به	2
ARTICLE VIII EFFECTIVE DATE:	-13-2021	(OPTIONAL)			
(If an effective date is listed, the date must be specifiling.)	Ic and cannot be more	than five days prior	[.] or 90 days af	ter the	
<u>Note:</u> If the date inserted in this block does not meet t the document's effective date on the Department of Sta		ling requirements, th	is date will not	t be listed	ł

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, any familiar with and accept the appointment as registered agent and agree to act in this capacity

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Required Signature/Registered Agent

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

-13-2021 Date

04-13-2021 Date

Required Signature/incorporator