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(Requestor's Name)					
(Address)					
(Address)					
(Ci	ty/State/Zip/Phone	e #)			
PICK-UP	MAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of State		s of Status			
Special Instructions to Filing Officer:					

Office Use Only

DIN 2 4 2021

T. SCOTT



400363027074

04/20/21--01003--012 **78.75

SECREIGNY OF STATE

COVER LETTER

Department of State New Filing Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

SUBJECT: MB Home	Vatch TVC				
/ / (PROPOSED CORPORA	TE NAME – <u>MUST INCLUDE SUFFIX</u>)				
Enclosed are an original and one (1) copy of the arti	cles of incorporation and a check for:				
□ \$70.00 \$78.75 Filing Fee Filing Fee	\$78.75				
& Certificate of Status	& Certified Copy & Certificate of Status				
	ADDITIONAL COPY REQUIRED				
FROM: Michael Name	Blake (Printed or typed)				
2341 N	Address 49 ST.				
Lighthouse Po, City,	int F1 33064 State & Zip				
908-938-0880 Daytime Telephone number					
Michael Blake 6) 1 E-mail address: no be used	PRO FORM PRINTING. Con for future annual report notification)				

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

Fig. 3	Principal street address HAWSE POINT STATES PURPOSE Purpose for which the corporation is organized is: PROVIDE HOME OWNERS number of shares of stock is: DOCUMENT STATES DOCUMENT STATES		Mailing address	me	
ARTICLE IV SHARES The number of shares of stock is: Address	TICLE IV SHARES number of shares of stock is:	thec	\$. S.	me pri	me
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	ERED AGENT	
	reet address (P.O. Box NOT acceptable) of th	the registered agent is:
Name:	chael Bla	
Address: 23	4) NE GGIL	5/
Lightho	so POINT	FL 33069
		,
ARTICLE VII INCOR	<u>PORATOR</u>	
The name and address o	f the Incorporator is:	21 12
Name:	Michael B	Lake
Address: 2_	341 NF 49	R ST
1 1 1 1		- =1 33064
1)9hJh	ouse joins	72 -
ARTICLE VIII EFFE	CTIVE DATE:	<i>a</i> .
Effective date, if other th	an the date of filing:	(OPTIONAL)
(If an effective date is li filing.)	sted, the date must be specific and cannot	t be more than five days prior or 90 days after the
	d in this block does not meet the applicable s	statutory filing requirements, this date will not be listed as
	date on the Department of State's records.	outlines, many sources, and the sources are sources.
		all a second and a second a second and a second a second and a second a second and a second and a second and
Having been named as re certificate, I am familiar	rgistered agent to accept service of process for with and accept the appointment as registered	r the above stated corporation at the place designated in thi ed agent and agree to act in this capacity
Med	1 Make	4-12-21
- / IME par	Required Signature/Registered Agent	Date
I submit this document		true. I am aware that the false information submitted in c
document to the Departm	ent of State constitutes a third degree felony	as provided for in s.817.155, F.S.

4-12-21