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## **COVER LETTER**

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

SUBJECT:	27 DE GREES N	JURTH , 1	NC.
	(PROPOSED CORPORA	ATE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	ginal and one (1) copy of the ar	ticles of incorporation and	d a check for:
\$70.00 Filing Fee	□ \$78.75 Filing Fee & Certificate of Status	Æ\$78.75 Filing Fee & Certified Copy	☐ \$87.50 Filing Fee, Certified Copy & Certificate of Status
	ADDITIONAL COPY REQ		
FROM:	CHRISTOPHER X Nam	P BERKELEY e (Printed or typed)  YS HOVE DR  Address	ıvé
_	FT. PIERCE City	FL 34	449
	772 - 53 Daytime	9 - 85 88 Telephone number	
	E-mail address: (to be use	of for future annual report	notification)

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

Name and T	itle:	Name and Title:	
Address		Address:	
		<del>_</del>	
ARTICLE VI RE	GISTERED AGENT		
	la street address (P.O. Box NOT acceptab		
Name: _	CWRIS BERKELEY		
Address:	1152 BMSHORE	DRIVE	
_	FT PIENCE FL	<del>349</del> 49	
ARTICLE VII IN	"OPPOP (TOP		
ARTICLE VII INC	ORPORATOR		
The name and addre	ss of the Incorporator is:		
Name:	CORIS BERKELEY	<del>,</del>	
Address:	CORIS BERKELEY  1152 BM SHORE D	RIVÉ	
	FT. PIERIC FL	34949	
<u>ARTICLE VIII                                  </u>	EECTIVE DATE.		
Effective date, if other	er than the date of filing: 4/12/2	H (OPTIONAL	_)
(If an effective date filing.)	is listed, the date must be specific and c	annot be more than five days	prior or 90 days after the
• "			
<b>Note:</b> If the date inset the document's effect	erted in this block does not meet the applicative date on the Department of State's reco	cable statutory filing requiremen	nts, this date will not be listed
	and date on the Department of State 3 rece	ords.	
Having been named o	is registered agent to accept service of proc liar with and accept the appointment as reg	ess for the above stated corporate	tion at the place designated in
			4/12/21
	Required Signature/Registered Agent		Date
I submit this docume document to the Den	nt and affirm that the facts stated herein extremnt of State constitutes a third degree f	are true. I am aware that the	false information submitted
with Dept		ciony no provincu jor in 5.617.11	4/12/4
Required Signature/I	Bulley		Pate
	J	ι.	rate

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

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