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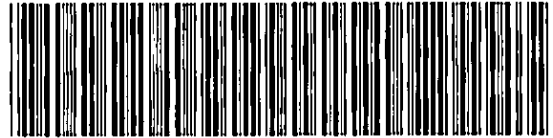
(Business Entity Name)

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Name:	Chauncey MM 328 Corp.
Document #:	
Order #:	13710667

Certified Copy of Arts & Amend:	<input type="checkbox"/>		
Plain Copy:	<input type="checkbox"/>		
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Thank you!

COVER LETTER

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

SUBJECT: Chauncey MM 328 Corp.

(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00
Filing Fee

☐ \$78.75
Filing Fee
& Certificate of Status

☒ \$78.75
Filing Fee
& Certified Copy

☐ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: Cathleen Allen

Name (Printed or typed)

32 Crossman Rd

Address

Centerport NY 11721

City, State & Zip

6313276778

Daytime Telephone number

cathleen.allen@fisherbroyles.com

E-mail address: (to be used for future annual report notification)

2021 JUN -2 PM 12:07

50

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

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

ARTICLE I NAME

The name of the corporation shall be: Chauncey MM 328 Corp.

ARTICLE II PRINCIPAL OFFICE

Principal street address
3911 Shearwater Drive
Jupiter, FL 33437

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Any lawful purpose.

ARTICLE IV SHARES

The number of shares of stock is: 200

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Thomas C. Mina, President/Director

Name and Title: _____

Address 3911 Shearwater Drive
Jupiter, FL 33437

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

2021 JUN -2 PM 12:07

ED

Name and Title: _____ Name and Title: _____
Address _____ Address: _____

ARTICLE VI REGISTERED AGENT

The **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:

Name: Thomas Mina
Address: 3911 Shearwater Drive
Jupiter, FL 33437

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Thomas Mina
Address: 3911 Shearwater Drive
Jupiter, FL 33437

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____. (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

Thomas C Mina
Thomas C Mina (May 26, 2021 15:37 EDT)

Required Signature/Registered Agent

May 26, 2021

Date

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.

Thomas C Mina
Thomas C Mina (May 26, 2021 15:37 EDT)

Required Signature/Incorporator

May 26, 2021

Date

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