

To: 18506176381

6/9/2021

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21-06-17 13:56 C

208-0845

From: Rinae McGraw

P21000054362

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (614)280-3338
Fax Number : (954)208-0845

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION

My 360 Inc.

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

21 JUN -9 AM 2:07

2021 JUN -9 PM 5:00

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: My 360 Inc.

ARTICLE II PRINCIPAL OFFICEPrincipal street address

Mailing address, if different is:

225 South University Ave Office #177

George, UT 84770

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Any legal activity / business management services

ARTICLE IV SHARES

The number of shares of stock is: 2,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Gaydon Leavitt - Director

Address: 225 South University Ave Office #177

St. George, UT 84770

Name and Title: Justine Beard - Treasurer

Address: 225 South University Ave Office #177

St. George, UT 84770

Name and Title: Rey Perez - President

Address: 225 South University Ave Office #177

St. George, UT 84770

Name and Title:

Address:

Name and Title: Justine Beard - Secretary

Address: 225 South University Ave Office #177

St. George, UT 84770

Name and Title:

Address:

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: NRAI Services, Inc.
Address: 1200 South Pine Island Road
Plantation, FL 33324.

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Laughlin Associates, Inc.
Address: 9120 Double Diamond Parkway
Reno, NV 89521

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

By: NRAI Services, Inc.
Karen Fugelsang, Assistant
Required Signature/Registered Agent

6/9/2021

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.

Brent Buscay
Required Signature/Incorporator

06/09/2021

Date