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Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850)617-6381

From:
Account Name : BOOKKEEPING DONE RIGHT INC
Account Number : I20200000064
Phone : (786)566-7026
Fax Number : (205)881-1104

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

Email Address: _____

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FLORIDA PROFIT/NON PROFIT CORPORATION
LOCAL FL GEAR INC

Certificate of Status	0
Certified Copy	1
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Estimated Charge	$78.75

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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: Local FL Gear Inc

ARTICLE II PRINCIPAL OFFICE

Principal **street** address

340 Royal Poinciana Way #317
Palm Beach, FL 33480

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: any and all lawful business.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Lilly, Matthew President
Address 340 Royal Poinciana Way #317
Palm Beach, FL 33480

Name and Title:
Address:

Name and Title:
Address

Name and Title:
Address:

Name and Title:
Address

Name and Title:
Address:

Name and Title: _____

Address _____

_____

_____

Name and Title: _____

Address: _____

_____

_____

ARTICLE VI REGISTERED AGENT

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

Name: Bookkeeping Done Right

Address: 4700 NW 7th St Ste 10

Miami, FL 33126

ARTICLE VII INCORPORATOR

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

Name: Lilly, Matthew

Address: 340 Royal Poinciana Way #317

Palm Beach, FL 33480

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 06/09/2021 (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

_____ 06/09/2021

Required Signature/Registered Agent 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.

Matthew Lilly 06/09/2021

Required Signature/Incorporator Date