

P 21000054367

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 : 120200000064
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: _____

**FLORIDA PROFIT/NON PROFIT CORPORATION
LOCAL FL GEAR INC**

Certificate of Status	0
Certified Copy	1
Page Count	01
Estimated Charge	\$78.75

FILED
SECTION OF STATE
DIVISION OF CORPORATIONS

21 JUN -9 AM 2:07

2021 JUN -9 PM 5:04

ARTICLES OF INCORPORATION

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

ARTICLE I NAMEThe name of the corporation shall be: Local FL Gear Inc**ARTICLE II PRINCIPAL OFFICE**Principal street address

Mailing address, if different is:

340 Royal Poinciana Way #317Palm Beach, FL 33480**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

Name and Title:

Address 340 Royal Poinciana Way #317

Address:

Palm Beach, FL 33480

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

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: Bookkeeping Done Right
Address: 4700 NW 7th St Ste 10
Miami, FL 33126

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

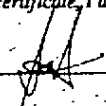
Name: Lilly, Matthew
Address: 340 Royal Poinciana Way #317
Palm Beach, FL 33480

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