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(Requestor's Name)				
(Address)				
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(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

Office Use Only



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SECRETARY OF STATE

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CAPITAL CONNECTION, INC. •

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INGRAM PUBLISHI	NG GROUP,	INC.		
				
	<u>-</u>			
			İ	Art of Inc. File
				LTD Partnership File
				·
				Foreign Corp. File
				L.C. File
				Fictitious Name File
				Trade/Service Mark
		•		•
			-	Art, of Amend, File
				Dissolution / Withdrawal
				Annual Report / Reinstatement
				Сеп. Сору
			- 	Photo Copy
				Certificate of Good Standing
				Certificate of Status
				Certificate of Fictitious Name
				Corp Record Search
				Officer Search
				Fictitious Search
Signature				Fictitious Owner Search
- G				Vehicle Search
				Driving Record
Requested by: SETH	07/06/21			UCC 1 or 3 File
Name	$\frac{07/06/21}{0.000}$	Time		UCC 11 Search
Nattic	Date	THIC		UCC 11 Retrieval
Walk-In Property Promiserate GA 8/00	Will Pick Up			Courier

COVER LETTER

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

		_				
SUBJECT:	PROPOSED CORPORA	PD BLIST	UN SUFFIX	ND ITH		
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 ADDITIONAL CO	□ \$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED			
FROM: Name (Printed or typed)						
1107 North VIctoria Park Road Address Address						
I	ort Lawder Or	LE, FL State & Zip $78 - 26$	<u>33304</u> 234	3 207 re 11.		
Daytime Telephone number						

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

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

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

The name of the corporation shall be: Ingram	UBLISHING GROUP, INC
ARTICLE II PRINCIPAL OFFICE Principal street address SULLE # D FITT LAWERVALE, FL 33304	Mailing address, if different is:
ARTICLE III PURPOSE The purpose for which the corporation is organized is: LAWFUL BUSINES	NY AND ALL SIPURPOSES.
ARTICLE IV SHARES The number of shares of stock is: ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS Name and Title: NAHAA TOLFISCHE	R Name and Title:
Address PRESIDENT 1107 N VICTORIA PARK RI STHELL A Fort LANDERDALE P	Address: and
Name and Title: Address	
	Name and Title:

Name and Title:	Name and Title:	
Address	Address:	
		
ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT a	acceptable) of the registered agent is:	
Name: NATHAN 90 HTSCh	er	
Address: 1107 North VICTIA	park Road	2v2
Name: NATHAN go HTSCH Address: 1107 North Victoria Soute # A Port LANder	JALE +FL 33304	TALL.
ARTICLE VII INCORPORATOR		
The name and address of the Incorporator is:		(PA
Name: NATHAN FOURISCHER	<u>v</u>	EN PLATE
Address: 1107 North Victor	TA PATE ROAD	, W
SU FICT LANGERD	ale ,FL 33304	
ARTICLE VIII EFFECTIVE DATE: Effective date, if other than the date of filing: (If an effective date is listed, the date must be specification)	(OPTIONA c and cannot be more than five days	L) prior or 90 days after the
filling.) Note: If the date inscrted in this block does not meet the	ne applicable statutory filing requirement	nts, this date will not be listed as
the document's effective date on the Department of Stat	le's records.	
Having been named as registered agent to accept service certificate, I am familiar with and accept the appointment	of process for the above stated corpora nt as registered agent and agree to act i	ition at the place designated in this in this
Anto M		7/6/al
Required Signature/Registered	d Agent	Date
I submit this document and affirm that the facts stated document to the Department of State constitutes a third t	l herein are true. I am aware that the degree felony as provided for in s.817.1	false information submitted in a
Mater de		7/6/21
Required Signature/Incorporates	Ţ	Date