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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : 120000000019 Phone : (305)552-5973 Fax Number : (305)675-5944

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 WATSON'S WAY ABA CORP

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

Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

ARTICLE 1 NAME: The name of the corporation is:

	ARTICLE II PRINCIPAL OFFICE:
	The principal street address and mailing address is:
3852 I <u>şlan</u>	d Way St Petersburg, FL 33705
ARTICLE	III SHARES: The number of shares of stock is: 100
A	RTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:
Elaina <u>Heard</u>	(P)
<u></u>	
ARTICI	EV INITIAL REGISTERED AGENT AND STREET ADDRESS
The name	and Florida street address (PO Box not acceptable) of the registered agent
Elaina Heard	3852 Island Way St Petersburg, FL 33705
	
ARTICL	INCORPORATOR: The name and address of the Incorporator
laina <u>Heard</u>	
REO Iolond W	ay St Petersburg, FL 33705

Required Signatures:

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

Elm Han	7-13-21	
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.

Elm-Hand	7-13-21
Incorporator	Date