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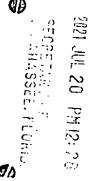
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(Orty) State: Ziph Holle II)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



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CORPORATE ACCESS, ____

When you need ACCESS to the world

INC.

236 East 6th Avenue. Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

WALK IN

	PIC	CK UP:	7/19 DANN	<u>Y</u>		
	CERTIFIED COPY					
XX	РНОТОСОРУ	<u></u>				
XX	CUS		35			
XX	FILING	INC	<i>)</i>	<u> </u>		
. <u>F</u>	REIGHT MASTERS ORPORATE NAME AND DOC	USA, INC	C.			
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COVER LETTER

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

SURJECT: FR	ETGHT WAS	ITERS USP	INC.		
Substitution of the substi	(PROPOSED CO	ORPORATE NAME	– <u>MUST INCL</u>	UDE SUFFIX)	
Enclosed are an orig	final and one (1) copy o	of the articles of inc	corporation and	l a check for:	_
□ \$70.00 Filing Fee	Filing Fee & Certificate of State	Filing	78.75 3 Fee nified Copy	S87.50 Filing Fee, Certified Copy & Certificate of Status	
		ADD	ITIONAL CO	PY REQUIRED	
FROM:	JOHN MAM				
	7495 W	ATLANTEC Address	Brad	STE 200-31	3
_£	DEL RAY BE	ACH, FC City, State & Z	<u>3344(</u>	e	
	954-90	3 - 8096 Daytime Telephone	number		
	JANTHONY E-mail address: (FRTMAS: to be used for futur	TERS. Cope annual report	notification)	

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

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

400 NW 81	TIPAL OFFICE Principal street addres LT ST L 33076				95 u	iddress, if diffe ATLAI - 313	NTDA	e BLYC
				DEC	RAY	BEACH	FL	33446
e purpose for which t	OSE he corporation is orga	nized is: <u>い</u>	ACEHOU	ISE	TRA	NS PORT	ATA	on_
		<u> </u>					SECKE	2221 JUL
RTICLE IV SHAR	ES IDD						3-1-1 3-1 3	20
RTICLE V INITL	LOFFICERS AND			1 921.1			STATE	AH 9: 47
Name and Titl Address	12420 7	W 815T	STAdd					
	PARKLANC	FL 3	3076					
Name and Title	:		Nan	ne and Tit	le:			·
Address				lress:				
								 .
Name and Title	:		Nar	ne and Tit	le:			

Name and Title:	Name and Title:
Address	Address:
ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT accept	otable) of the registered agent is:
Name: JOHN MAMONE	•
Address: 12420 NW 8167 ST	
PARKLAND FL 33.	
	<i>(γ)</i> το ο
ARTICLE VII INCORPORATOR	ECLES TALLS
The name and address of the Incorporator is:	
Name: JOHN MAMONE	1
Address: 12420 NW 8167 8	
PARLLAND PL 3	
	rri
ARTICLE VIII EFFECTIVE DATE: Effective date, if other than the date of filing:	
(If an effective date is listed, the date must be specific ar filing.)	nd cannot be more than five days prior or 90 days after the
<u>Note:</u> If the date inserted in this block does not meet the ap the document's effective date on the Department of State's	pplicable statutory filing requirements, this date will not be listed as records.
Having been named as registered agent to accept service of j	process for the above stated corporation at the place designated in this
certificate, Tam Jamiliar with and accept the appointment a	
40-	7 -19-21 Date
Required Signature/Registered A	
I submit this document and affirm that the facts stated he document to the Department of State constitutes a third deg	erein are true. I am aware that the false information submitted in a receive felony as provided for in \$.817.155, F.S.
	7-19-21
Regulated Signature/Incorporator	Date
V	