P21000010361

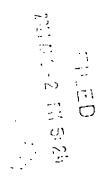
| (Requestor's Name) |
|---|
| |
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
| |
| |
| |
| |

Office Use Only



900370841359

8/4/2



COVER LETTER

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

| SUBJECT: | TRUE COURSE | ZIK. ATÉ NAME – <u>MUST INCL</u> I | Unit Officials |
|-------------------------|--|--|--|
| | (PROPOSED CORPORA | ATE NAME – <u>MUST INCL</u> | UDE SUFFIX) |
| Enclosed are an orig | ginal and one (1) copy of the art | ticles of incorporation and | l a check for: |
| □ \$70.00 Filing Fee | ■ \$78.75 Filing Fee & Certificate of Status | □ \$78.75 Filing Fee & Certified Copy | \$\int\\$887.50 Filing Fee, Certified Copy & Certificate of Status |
| | | ADDITIONAL CO | |
| FROM: | C/AYTON A. Nam 7909 NW 1 | | |
| | Morriston City | FL 32 , State & Zip | 668 |
| | 4/15 - 3 Daytime 1 | 77 - 3329 Telephone number | |
| | E-mail address: (to be use | USSE @ 6 MA. d for future annual report n | otification) |

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)

| RTICLE I NAME he name of the corporation | on shall be: IRBE | Course In | C |
|---|---------------------------------|----------------|-----------------------------------|
| RTICLE II PRINCI | , | , | Mailing address, if different is: |
| Morriston, F | L. 32668 | | |
| RTICLE III PURPOS he purpose for which the | SE corporation is organized is: | to Conduct La | in RI business actual |
| | | | |
| | | | |
| | | | |
| RTICLE IV SHARE | | | |
| e number of shares of st | ock is: 100 | | |
| | . OFFICERS AND/OR DIRECT | _ | |
| | | • | : |
| Address _ | 7909 NW 150 to ave | Address: | |
| - • | Morristan, FL 3 | 2669 | |
| Name and Title:_ | | Name and Title | : |
| Address | | Address: | |
| - | | | |
| Name and Title: | | Name and Title | |
| | | | |
| Address _ | | Address. | is 121 |
| - | | | |
| - | | | |

| Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be 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 designate certificate, I am facilities with and accept the appointment as registered agent and agree to act in this capacity | | d Title: | Name and Title: | . | |
|--|--|--|--|---------------------------------|---|
| ARTICLE VII EFFECTIVE DATE: [If an enter date is listed, the date must be specific and cannot be more than five days prior or 90 days after filling.] Note: If the date inserted in this block does not meet the applicable statutory filling requirements. this date will not be 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 designate certificate, I am formation submit document and affirm that the facts stated herein are true. I am oware that the false information submit document to the Department of State constitutes a third degree felony as provided for in x.817.155, F.S. | Address | | Address: | | * 97 |
| ARTICLE VII EFFECTIVE DATE: [If an enter date is listed, the date must be specific and cannot be more than five days prior or 90 days after filling.] Note: If the date inserted in this block does not meet the applicable statutory filling requirements. this date will not be 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 designate certificate, I am formation submit document and affirm that the facts stated herein are true. I am oware that the false information submit document to the Department of State constitutes a third degree felony as provided for in x.817.155, F.S. | | - | | | |
| ARTICLE VII EFFECTIVE DATE: [If an enter date is listed, the date must be specific and cannot be more than five days prior or 90 days after filling.] Note: If the date inserted in this block does not meet the applicable statutory filling requirements. this date will not be 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 designate certificate, I am formation submit document and affirm that the facts stated herein are true. I am oware that the false information submit document to the Department of State constitutes a third degree felony as provided for in x.817.155, F.S. | | | | | _=:- |
| The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: Name: | | | <u> </u> | | |
| The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: Name: | | | | | |
| Address: 7909 NW 150th ave MUNT 15th FL 32668 ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Name: ATTOLE ALTOLE ALTOLE Address: 7909 NW 150th ave MONT 15th FL 32668 ARTICLE VIII EFFECTIVE DATE: Effective date, if other than the date of filing: (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after of filing.) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be 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 designate certificate. I am individually and accept the appointment as registered agent and agree to act in this capacity Required Signature/Registered Agent 7-29-2) Date I sobmit this document and affirm that the facts stated herein are true. I am aware that the false information submidocument to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. | | | Cuccentuble) of the registered agent i | g- | |
| ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Name: CASTON A. JACKSON Address: 7909 NW 150 D awa MONT, 5 DW, FL 32668 ARTICLE VIII EFFECTIVE DATE: Effective date, if other than the date of filing: (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after of filing.) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be the document's effective date on the Department of State's records. Having been named as recidered agent to accept service of process for the above stated corporation at the place designate certificate, I am Infinity with and accept the appointment as registered agent and agree to act in this capacity 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 submit document to the Department of State constitutes a third degree felony as provided for in x817.155, F.S. | | | | -1- | |
| ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Name: CAYTON A. JACKSON Address: 7909 NW 150 45 ave MONT 15 Am 12668 ARTICLE VIII EFFECTIVE DATE: Effective date, if other than the date of filing: (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after (filing.) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be 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 designate certificate. I on Institute with and accept the appointment as registered agent and agree to act in this capacity Required Signature/Registered Agent I submit this document and affirm that the facts stated herein are true. I am aware that the false information submidocument to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. | | | | | |
| The name and address of the Incorporator is: Name: CATOM A. JACESON Address: 7909 MW 150 M GWA ARTICLE VIII EFFECTIVE DATE: Effective date, if other than the date of filing: (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after of filing.) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be 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 designate certificate. I am Todition with and accept the appointment as registered agent and agree to act in this capacity Required Signature/Registered Agent I submit this document and affirm that the facts stated herein are true. I am aware that the false information submidocument to the Department of State constitutes a third degree felony as provided for in x.817.155, F.S. | Address. | | | | |
| Name: ATTOLE VIII EFFECTIVE DATE: Effective date, if other than the date of filing: (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after of filing.) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be 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 designate certificate, I am Justification and accept the appointment as registered agent and agree to act in this capacity Total Part Pa | | 140m 15mm FZ | <u>3406</u> E | | |
| Address: 7909 NW 150 Ph Gwe ARTICLE VIII EFFECTIVE DATE: Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after of filing.) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be 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 designate certificate. I am facilities with and accept the appointment as registered agent and agree to act in this capacity Required Signature/Registered Agent I submit this document and affirm that the facts stated herein are true. I am aware that the false information submit document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. | ARTICLE VII | <u>INCORPORATOR</u> | | | |
| ARTICLE VIII EFFECTIVE DATE: Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after (filing.) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be the document's effective date on the Department of State's records. Having been named as residered agent to accept service of process for the above stated corporation at the place designate certificate, I am fightly with and accept the appointment as registered agent and agree to act in this capacity Required Signature/Registered Agent I submit this document and affirm that the facts stated herein are true. I am aware that the false information submidocument to the Department of State constitutes a third degree felony as provided for in x.817.155, F.S. | The name and ac | ldress of the Incorporator is: | | | |
| ARTICLE VIII EFFECTIVE DATE: Effective date, if other than the date of fiting: | Name: | | | | |
| ARTICLE VIII EFFECTIVE DATE: Effective date, if other than the date of fiting: | Address: | 7909 NW 150 | th ave | | |
| ARTICLE VIII EFFECTIVE DATE: Effective date, if other than the date of fiting: | | morrisdon. | FL 32668 | | |
| Effective date, if other than the date of fiting: (If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after (filing.) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be 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 designate certificate, I am facilities with and accept the appointment as registered agent and agree to act in this capacity T - 29 - 2 | | , | | | |
| (If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after (filing.) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be 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 designate certificate, I am Justiliar with and accept the appointment as registered agent and agree to act in this capacity T-29-2) Required Signature/Registered Agent I submit this document and affirm that the facts stated herein are true. I am aware that the false information submit document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. | ARTICLE VIII | EFFECTIVE DATE: | | | |
| Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be 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 designate certificate, I am facilities with and accept the appointment as registered agent and agree to act in this capacity 7-29-2) 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 submit document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. | Effective date, if | | | | 00.1. 6. 4 |
| Having been named as registered agent to accept service of process for the above stated corporation at the place designate certificate, I am facility with and accept the appointment as registered agent and agree to act in this capacity 7-29-2) Required Signature/Registered Agent I submit this document and affirm that the facts stated herein are true. I am aware that the false information submit document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. | | ate is listed, the date must be spec | cilic and cannot be more than live | gavs brior | or yu days after ti |
| Having been named as registered agent to accept service of process for the above stated corporation at the place designal certificate, I am Justilian with and accept the appointment as registered agent and agree to act in this capacity 7-29-2) 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 submit document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. | | ate is listed, the date must be spec | tific and cannot be more than five | days prior | or yu days after ti |
| Certificate, I am Jacobilian with and accept the appointment as registered agent and agree to act in this capacity 7-29-2) 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 submit document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. | (If an effective of filing.) | | | | |
| Certificate, I am Jacobilian with and accept the appointment as registered agent and agree to act in this capacity 7-29-2) 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 submit document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. | (If an effective of filing.) Note: If the date | inserted in this block does not meet | t the applicable statutory filing requ | | |
| I submit this document and affirm that the facts stated herein are true. I am aware that the false information subm document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. | (If an effective of filing.) Note: If the date the document's e | inserted in this block does not meet fective date on the Department of S | t the applicable statutory filing requ State's records. | irements, thi | s date will not be li |
| I submit this document and affirm that the facts stated herein are true. I am aware that the false information subm document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. | (If an effective of filing.) Note: If the date the document's e | inserted in this block does not meet fective date on the Department of S | t the applicable statutory filing requ State's records. vice of process for the above stated co | irements, thi | s date will not be li |
| I submit this document and affirm that the facts stated herein are true. I am aware that the false information subm document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. | (If an effective of filing.) Note: If the date the document's e | inserted in this block does not meet ffective date on the Department of State of the department of State of the department of the departme | t the applicable statutory filing requestate's records. State's records. State's records. State's records. State's record and agree to the state of the state | irements, thi | s date will not be li the place designate capacity |
| document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. | (If an effective of filing.) Note: If the date the document's e | inserted in this block does not meet ffective date on the Department of State of the department of State of the department of the departme | t the applicable statutory filing requestate's records. State's records. State's records. State's records. State's record and agree to the state of the state | irements, thi | s date will not be li |
| Required menature/incorporator Date 7-29 | (If an effective of filing.) Note: If the date the document's e Having been name certificate, I am) | inserted in this block does not meet ffective date on the Department of State of a registered agent to accept serve in this with and accept the appointment of State of Signature (Register). | t the applicable statutory filing requisitate's records. State's records. State's records. State's records. State's records. State's record above stated coment as registered agent and agree to the cord agent. | rements, this of act in this of | s date will not be li the place designate capacity 7-29-21 Date |
| Required Signature/Incorporator Date | (If an effective of filing.) Note: If the date the document's element's element and certificate, I am Julian and this document and this document and this document and this document and this document. | inserted in this block does not meet a registered agent to accept serve attitude with and accept the appointment of Signature/Register and affirm that the facts statement and affirm the facts | t the applicable statutory filing requisites is records. State's records. Sice of process for the above stated connent as registered agent and agree to the agent agent. Sice of process for the above stated connent as registered agent and agree to the agent. | rporation at a cat in this a | s date will not be li the place designate capacity 7 - 29 - 21 Date information submit |
| | (If an effective of filing.) Note: If the date the document's element's element and certificate, I am Julian and this document and this document and this document and this document and this document. | inserted in this block does not meet a registered agent to accept serve attitude with and accept the appointment of Signature/Register and affirm that the facts statement and affirm the facts | t the applicable statutory filing requisites is records. State's records. Sice of process for the above stated connent as registered agent and agree to the agent agent. Sice of process for the above stated connent as registered agent and agree to the agent. | rporation at a cat in this a | s date will not be li the place designate capacity 7-29-21 Date information submit |
| | (If an effective of filing.) Note: If the date the document's element is element in the document to the document to the interest in the document to the interest in the inter | inserted in this block does not meet feetive date on the Department of State of accept serve at the appointment and affirm that the facts state of State constitutes a this | t the applicable statutory filing requisites is records. State's records. Sice of process for the above stated connent as registered agent and agree to the agent agent. Sice of process for the above stated connent as registered agent and agree to the agent. | rporation at o act in this o | s date will not be li the place designate capacity 7-29-21 Date information submit |
| | (If an effective of filing.) Note: If the date the document's element is element in the document to the document to the interest in the document to the interest in the inter | inserted in this block does not meet feetive date on the Department of State of accept serve at the appointment and affirm that the facts state of State constitutes a this | t the applicable statutory filing requisites is records. State's records. Sice of process for the above stated connent as registered agent and agree to the agent agent. Sice of process for the above stated connent as registered agent and agree to the agent. | rporation at o act in this o | s date will not be li the place designate capacity 7-29-21 Date information submit |
| | (If an effective of filing.) Note: If the date the document's element is element in the document to the document to the interest in the document to the interest in the inter | inserted in this block does not meet feetive date on the Department of State of accept serve at the appointment and affirm that the facts state of State constitutes a this | t the applicable statutory filing requisites is records. State's records. Sice of process for the above stated connent as registered agent and agree to the agent agent. Sice of process for the above stated connent as registered agent and agree to the agent. | rporation at o act in this o | s date will not be li the place designate capacity 7-29-21 Date information submit |
| | (If an effective of filing.) Note: If the date the document's element's element to the document to the document to the document to the filling. | inserted in this block does not meet feetive date on the Department of State of accept serve at the appointment and affirm that the facts state of State constitutes a this | t the applicable statutory filing requisites is records. State's records. Sice of process for the above stated connent as registered agent and agree to the agent agent. Sice of process for the above stated connent as registered agent and agree to the agent. | rporation at o act in this o | s date will not be li the place designate capacity 7-29-21 Date information submit |
| | (If an effective of filing.) Note: If the date the document's element's element to the document to the document to the document to the filling. | inserted in this block does not meet feetive date on the Department of State of accept serve at the appointment and affirm that the facts state of State constitutes a this | t the applicable statutory filing requisites is records. State's records. Sice of process for the above stated connent as registered agent and agree to the agent agent. Sice of process for the above stated connent as registered agent and agree to the agent. | rporation at o act in this o | s date will not be list the place designate capacity 7-29-21 Date information submit |
| • | If an effective diling.) Note: If the date the document's electricate, I am for a submit this document to the locument to the | inserted in this block does not meet feetive date on the Department of State of accept serve at the appointment and affirm that the facts state of State constitutes a this | t the applicable statutory filing requisites is records. State's records. Sice of process for the above stated connent as registered agent and agree to the agent agent. Sice of process for the above stated connent as registered agent and agree to the agent. | rporation at o act in this o | s date will not the place designapacity 7-29-6 Date information su |

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

| RTICLE I NAME c name of the corporation | on shall be: TRUE | Course Inc | |
|---|--------------------------------|----------------------|--------------------------|
| <i>TICLE II PRINCI</i> P | ,- | , | ddress, if different is: |
| lopristin, F | Z. 32668 | 1 / / 0. | |
| purpose for which the | e corporation is organized is: | to Conduct hand Fel. | DUSTALSS ALLAN |
| | | | |
| | | | · |
| | | | |
| TICLE IV SHARE number of shares of s | | | |
| | L OFFICERS AND/OR DIRECTO | <u>R.S.</u> | |
| Name and Title: | CAYTUM A JAKSIM, | Name and Title: | |
| Address _ | 7909 NW 150th ave | Address: | |
| | Morristan FL 32 | 662 | |
| Name and Title: | | Name and Title: | |
| Address | | Address: | |
| | | | |
| Name and Title: | | Name and Title: | |
| Address | | Address: | 1 1 |
| | | | 3 0 |
| | | | (1) |

| Name and Title: | | Name and Title: | |
|--|---|---|---|
| Address | | Address: | |
| ARTICLE VI REGIS The name and Florida s | TERED AGENT treet address (P.O. Box NOT acceptable) of | the registered agent is: | <u> </u> |
| Name: C/ | HYTON A. JACKSON | | |
| Address: | 109 NOW 150th ave | - | |
| _N | urristan FL 32668 | 2) | |
| ARTICLE VII INCO | RPORATOR | | |
| The name and address | of the Incorporator is: | | |
| | Clayton A. JACKSON | | |
| Address: | 7909 NW 150 th ave | | |
| _ | Morrisdon, FL 326 | 68 | |
| (If an effective date is filing.) Note: If the date inserte | han the date of filing: listed, the date must be specific and cannot ad in this block does not meet the applicable addate on the Department of State's records. | t be more than five days prior o | • |
| Having been named on to certificate, I am forhiting | regidered agent to accept service of process for with and accept the appointment as register | or the above stated corporation at ed agent and agree to act in this c | the place designated in this apacity |
| Unnelle | | | 7-29-21 Date |
| I submit this document document to the Depart | Required Signature/Registered Agent and affirm that the facts stated herein are hent of State constitutes a third degree felong | true. I am aware that the false is as provided for in s.817.155, F.S | nformation submitted in a |
| A Com | lana | | 7:29 -21 |
| Required Signature/Inco | perator | Date | 7-29-21 |
| | | | 1 |
| | | | 4 0 |

the state of the state of