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Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850)617-6381

From: Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.
Account Number : 075350000353
Phone : (800)221-2972
Fax Number : (917)243-5843

****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

Nellie O'Brien Inc.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$70.00

ARTICLES OF INCORPORATION

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

ARTICLE I NAMEThe name of the corporation shall be: Nellie O'Brien Inc.**ARTICLE II PRINCIPAL OFFICE**Principal street address
13004 STEINHATCHEE LOOP

Mailing address, if different is:

VENICE, FL 34293**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: PUBLIC RELATIONS**ARTICLE IV SHARES**The number of shares of stock is: 200**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: ELLEN O'BRIEN, DIRECTOR

Name and Title: _____

Address

13004 STEINHATCHEE LOOP

Address: _____

VENICE, FL 34293

Name and Title: _____

Name and Title: _____

Address

Address: _____

Name and Title: _____

Name and Title: _____

Address

Address: _____

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2021 OCT -5 AM 10:17
CLERK OF STATE
TALLAHASSEE, FLORIDA

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: ELLEN O'BRIEN
Address: 13004 STEINHATCHEE LOOP
VENICE, FL 34293

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: STEPHAN E. MONEREAU
Address: 100 WALL STREET, STE 503
NEW YORK, NY 10005

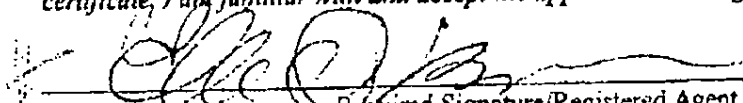
ARTICLE VIII EFFECTIVE DATE:

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 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




Required Signature/Registered Agent

10/05/2021

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.



Required Signature/Incorporator

10/05/2021

Date