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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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

From:
Account Name : Vcorp Services, LLC
Account Number : 120080000067
Phone : (845)425-0077
Fax Number : (845)818-3588

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****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

statenotices@vcorpsservices.com

Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION
Cutts Management, INC.

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$70.00

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Corporate Filing Menu

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ARTICLES OF INCORPORATION

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

ARTICLE I NAMEThe name of the corporation shall be Cutts Management, INC.**ARTICLE II PRINCIPAL OFFICE**Principal street address

Mailing address, if different is:

629 Sunset Ln, Lutz, FL 33549629 Sunset Ln, Lutz, FL 33549**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: Management Company**ARTICLE IV SHARES**The number of shares of stock is: 100**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: Sophia Elizabeth Cutts

Name and Title: _____

Address 629 Sunset Ln
Lutz, FL 33549

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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11:38 AM

Name and Title. _____ Name and Title. _____
Address _____ Address: _____

ARTICLE VI REGISTERED AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Vcorp Services, LLC
Address: 5011 South State Road 7, Suite 106
Davie, FL 33314

ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

Name: Sophia Elizabeth Cutts
Address: 629 Sunset Ln
Lutz, FL 33549

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

Miriam Nachison
Miriam Nachison
Assistant Secretary
Required Signature/Registered Agent

11/18/2021

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.

Sophia Elizabeth Cutts
Required Signature/Incorporator

11/18/2021

Date