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SECRETARY OF STATE 2021 DEC 21 AM 8: 28

2021 DEC 21 PM 3: 47

1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500 ACCOUNT NO. : I2000000195 REFERENCE: 343536/ 4805039 COST LIMIT : \$ 70.00 ORDER DATE: December 21, 2021 ORDER TIME : 2:11 PM ORDER NO. : 343536-005 CUSTOMER NO: 4805039 DOMESTIC FILING NAME: DEVGRU INC. EFFECTIVE DATE: XX __ ARTICLES OF INCORPORATION ____ CERTIFICATE OF LIMITED PARTNERSHIP ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Alexxis Weiland - EXT.

CORPORATION SERVICE COMPANY

EXAMINER'S INITIALS:

COVER LETTER

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

SUBJECT:	DEVGRU Inc.				
30b3be1	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)		
Enclosed are an orig	ginal and one (1) copy of the art	icles of incorporation and	I a check for:		
□ \$70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	□ \$78.75 Filing Fee & Certified Copy	☐ \$87.50 Filing Fee. Certified Copy & Certificate o Status		
		ADDITIONAL COPY REQUIRED			
FROM:		Lynch, Esq. e (Printed or typed) Street			
	-	Address			
		, MA 02110 State & Zip			
_	617 457	4023			
		elephone number			
	F-mail address: (to be use	d for future annual report i	notification)		

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

FILED

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

	ttion shall be:DEVGRU	I Inc.	5051 DEC 51
<u> 3516 Watercrest</u> Orlando, Florida	CIPAL OFFICE Principal street address Place 32835		SECRETARY (Mailing address, if different fs:LLAHASS
ARTICLE III PURP The purpose for which	OSE the corporation is organized is:		
ARTICLE IV SHAR The number of shares of ARTICLE V INITI	f stock is:5_000		
	e: Michael Blumenfeld, Director 3516 Watercrest Place		3516 Watercrest Place
Address	Orlando, Florida_32835	_	Orlando, Florida 32835
		_	
Name and Title Address	3516 Watercrest Place Orlando, Florida 32835	Name and Title Address:	Michael Blumenfeld, Treasurer 3516 Watercrest Place Orlando, Florida 32835

"
T

Name a	nd Title:	Name and Title:	
Addres	SS	Address:	
			48-7
ARTICLE VI	REGISTERED AGENT Florida street address (P.O. Box NOT acceptab	ole) of the registered agent is:	
Name:	Michael Blumenfeld	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Address:	3516 Watercrest Place		
	Orlando, Florida 32835		2021 I SECI TA
<u>ARTICLE VII</u>	INCORPORATOR		SECRETARY OF STATE TALLAHASSEE, FL
The <u>name and :</u>	address of the Incorporator is:		ASSV L
Name:	Michael Blumenfeld		E Si Ca
Address:	3516 Watercrest Place		TATE FL
	Orlando, Florida 32835		111
ARTICLE VIII	EFFECTIVE DATE:	(OPTIONAL)	
	if other than the date of filing: date is listed, the date must be specific and it	cannot be more than five days prior	or or 90 days after the
filing.)	te inserted in this block does not meet the appli	iaakla statutani filing raquiramante t	hie data will not be listed
the document's	effective date on the Department of State's rec	eords.	ms date will not be useed
Having been na certificate, I app	imed as registered agent to accept service of pro Amiliar with and accept the appointment as re	cess for the above stated corporation gi stered agent and agree to act in thi	at the place designated in 's capacity
1/6	NAZZe (12/17/21
	Required Signature/Registered Agen	ıt	Date
I submit this do	ocument and affirm that the facts stated herei Department of State constitutes a third degree	n are true. I am aware that the fuls felony as provided for in s.817.155. i	e information submitted (F.S.
1/	HP (12/17/21
Required Signa	ture/Incorporator	Date	-1-5/1/0/