

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 : REGISTERED AGENTS INC.
Account Number : I20090000081
Phone : (307)200-2803
Fax Number : (855)330-1010

****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

Three Men Enterprises Inc.

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

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ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be: Three Men Enterprises Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address
7901 4th St N STE 300

St. Petersburg FL 33702

Mailing address, if different is:

7901 4th St N STE 300

St. Petersburg FL 33702

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Any and all lawful business

ARTICLE IV SHARES

The number of shares of stock is: 200

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Lynette Bosco-PD

Name and Title: Zachariah Eberhart -DTS

Address 7901 4th St N STE 300

Address: 7901 4th St N STE 300

St. Petersburg FL 33702

St. Petersburg FL 33702

Name and Title: Lynette Eberhart - D

Name and Title: _____

Address 7901 4th St N STE 300

Address: _____

St. Petersburg FL 33702

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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TALL 101 100 100

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: Northwest Registered Agent LLC
Address: 7901 4th St N STE 300
St. Petersburg, FL 33702

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Morgan Noble
Address: 7901 4th St N STE 300
St. Petersburg, FL 33702

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

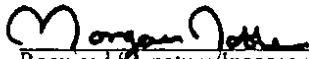


Required Signature/Registered Agent

12/22/2021

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

12/22/2021

Date

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SECRETARY OF STATE
TALLAHASSEE, FL

FILED