

1922 Florida Department of State
Division of Corporations
Electronic Filings
H21000470514333

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H21000470514 3))



H210004705143ABCY

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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

21 DEC 29 PM 12:43

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
BOSTON ATLANTIC INC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$70.00

T. SCOTT
JAN 03 2022

2021 DEC 29 AM 9:06

STATE OF FLORIDA

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: BOSTON ATLANTIC INC

ARTICLE II PRINCIPAL OFFICE
Principal street address Mailing address, if different is:
1326 TAMPA ROAD 1326 TAMPA ROAD
PALM HARBOR, FL. 34683 PALM HARBOR, FL. 34683

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: MANAGEMENT
To engage in any lawful act or activity for which corporations may be organized.

ARTICLE IV SHARES
The number of shares of stock is: 200

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	<u>TRACY GRUNSFELD , President</u>	Name and Title:	_____
Address	<u>1326 TAMPA ROAD</u> <u>PALM HARBOR, FL 34683</u>	Address:	_____
Name and Title:	_____	Name and Title:	_____
Address	_____	Address:	_____
Name and Title:	_____	Name and Title:	_____
Address	_____	Address:	_____

21 DEC 29 11:12:43
AMERICAN BUSINESS SYSTEMS

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: TRACY GRUNSFELD

Address: 1326 TAMPA ROAD

PALM HARBOR, FL 34683

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: TRACY GRUNSFELD

Address: 1326 TAMPA ROAD

PALM HARBOR, FL 34683

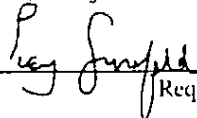
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)

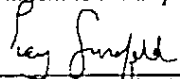
(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

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

x  _____ 12.28.2021
 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 submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

x  _____ 12.28.21
 Required Signature/Incorporator Date