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From:

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Account Number : 075350000353 : (800)221-2972 Phone Fax Number : (917)243-5843

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Help

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

ARTICLE II PRIN	<u> CUPAL OFFICE</u>			
5004 Maxwell Cir, A	Principal street address		Mailing address, if different is: 5004 Maxwell Cir. Apt. 202	
Naples, FL 34105	10, 272	Naples, FL 34105		
tvapies, Fr. 54105		- Tuples, 132 (1997)		
	n the corporation is organized is.	age in any lawful act or activity f	ા	
which corporations m	ray be organized.			

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ARTICLE IV SHA	RES 200			
ARTICLE IV SILA The number of shares				
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Maine a	nd Title:	Name and Title		
Addres	s	Address:		
		 		
ARTICLE VI The name and 8	<u>REGISTERED AGENT</u> Borida street address (P.O. Box NOT accepts	able) of the registered agent is.		
Name:	Michael Genari			
Address	5004 Maxwell Cir, Apt. 202			
.100:000	Naples, FL 34105			
ARTICLEVII	INCORPORATOR		ECTAN -4 SECTALLY	
The name and a	address of the Incorporator is.			
Name	Michael Genari		i	
Address.	5004 Maxwell Cit, Apt. 202			
	Naples, PL 34105		7	
			· 8	
ARTICLE VIII	EFFECTIVE DATE:			
Effective date, i	f other than the date of filing	(OPTIONAL)) dage mios as 110 business	
 (If an effective days after the f 	date is listed, the date must be specific and iling.)	cannot be more than tive busines	ss days prior or 30 nusiness	
•	-	langle la général seus fillings en gariennements	e this date will not be listed as	
	e inserted in this block does not meet the appierficetive date on the Department of State's re-		s, this care will not be timed as	
Having been no	imed as registered agent to accept service of p I am familiar with and accept the appointmen	process for the above stated corpor	ration at the place designated in set in this capacity	
			ce in this tupatus	
Muc	hael Genari Required Signature/Registered Age		12/29/2021	
	Required Signature/Registered Age	nt	Date	
I submit this do document to the	ocument and affirm that the facts stated here Department of State constitutes a third degre	in are true. I am aware that the f e felony as provided for in s.817.15	alse information submitted in 6 55, F.S.	
Michael Genari Required Signature/Injerporator			12/29/2021	
Req	uired Signature/In:X/p-mator		Date	