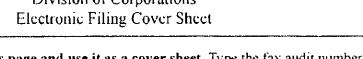
**Division of Corporations** 



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.

(((H22000018947 3)))



H220000189473ABC0

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 : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338 Fax Number : (954)208-0845

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

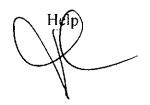
Email Address:\_

## FLORIDA PROFIT/NON PROFIT CORPORATION ROI DELIVERIES, INC.

Certificate of Status	1
Certified Copy	1
Page Count	03
Estimated Charge	\$87.50

Electronic Filing Menu

Corporate Filing Menu



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To: +18506176381 Page: 4 of 5 2022-01-14 09:03:40 CST 12122023573 From: Lexus Wingo

## 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:  ROI DELIVERIES, INC.	•				
ARTICLE II PRINCIPAL OFFICE Principal street address 16770 Prato Way Naples, FL 34110		Mailing address, if different is:			
ARTICLE III PURPOSE The purpose for which the corporation is organized is:					
ARTICLE IV SHARES The number of shares of stock is: 1,000 shares common stock  ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS  Name and Title:			; 	2022 313 1	
Address	_ Address:				<u>-</u> <u>-</u> <u>-</u> <u>-</u> <u>-</u> <u>-</u>
Name and Title:Address	. 11	ri			
Name and Title:Address		:			
	_				

Page: 5 of 5

Name and	Title:	Name and Title:	<del></del>
Address		Address:	
	PAIRTER LABOR		
	<u>EGISTERED AGENT</u> rida street address (P.O. Box NOT acceptable)	of the registered agent is:	
Name:	CT Corporation System		
Address:	1200 South Pine Island Road		
	Plantation, FL 33324	_	
ARTICLE VII 1	NCORPORATOR		
The name and add	tress of the Incorporator is:		
Name:	Edward U. Lee III	<u> </u>	
Address:	7 Saint Paul Street, Suite 1500	<u> </u>	
	Baltimore, Maryland 21202	<del></del>	
ARTICLE VIII	EFFECTIVE DATE:		~
Effective date, if o	ther than the date of filing:	(OPTIONAL)	922
(If an effective da filing.)	te is listed, the date must be specific and can	not be more than five days prior	or 90 days after the
	nserted in this block does not meet the applicab		is date will not be listed as
	fective date on the Department of State's record		± []
Having been name certificate, I am fa	ed as registered agent to accept service of proces. miliar with and accept the appointment as regis	s for the above stated corporation a tered agent and agree to act in this	the place designated in this capacity
Stephene Himay	Stephanie Hencz, Assistant Secretary		1/12/2022
	Required Signature/Registered Agent	<del></del>	Date
	ment and affirm that the facts stated herein a epartment of State constitutes a third degree fel		
	1112		01/05/2022
Juli ou organicul	e:corporator	Date	<del> </del>
Edward U. Lee Y	T Comment of the Comm		