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FLORIDA RESEARCH & FILING SERVICES, INC.

1211 CIRCLE DR

TALLAHASSEE, FL 32301

PH: 850-524-4381

PLEASE FILE THE ATTACHED ARTICLES FOR:

1. NATHANIEL HOWE INC.

PLEASE RETURN A CERTIFIED COPY

CHECK# 9196 FOR: \$78.75

THANK YOU!

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

IFII DDI	NCIPAL OFFICE		
<u>LEN PRO</u>	Principal street address		Mailing address, if different is:
SS A GRILLE WA	Υ		
TERSBURG, FL	33706		
LE III PUR	PACE		
pose for whice	h the corporation is organized is: GRAPH	IC ANIMATION A	AND BRANDING
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tru: en	nro		
<i>LE IV SHA</i> nher of shares	RES of stock is: 1,000		
noci oi snaics	01 Stock 15		
	TAL OFFICERS AND/OR DIRECTORS		
	· — —	Name and Title	NATHANIEL HOWE - SECRETA
Name and T	itle: NATHANIEL HOWE - PRESIDENT		
	· — —	Name and Title Address:	NATHANIEL HOWE - SECRETA 2700 PASS AGRILLE WAY
Name and T	itle: NATHANIEL HOWE - PRESIDENT		
Name and T	itle: NATHANIEL HOWE - PRESIDENT 2700 PASS AGRILLE WAY		
Name and T	itle: NATHANIEL HOWE - PRESIDENT 2700 PASS AGRILLE WAY		2700 PASS AGRILLE WAY
Name and T Address	2700 PASS AGRILLE WAY  ST. PETERSBURG, FL 33706	Address:	2700 PASS AGRILLE WAY ST. PETERSBURG, FL 33706
Name and T Address	2700 PASS AGRILLE WAY ST. PETERSBURG, FL 33706  NATHANIEL HOWE - TREASURER	Address:	2700 PASS AGRILLE WAY ST. PETERSBURG, FL 33706
Name and T Address	2700 PASS AGRILLE WAY  ST. PETERSBURG, FL 33706  ST. NATHANIEL HOWE - TREASURER	Address:	2700 PASS AGRILLE WAY ST. PETERSBURG, FL 33706
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Name and T Address Name and Tit	2700 PASS AGRILLE WAY  ST. PETERSBURG, FL 33706  ST. NATHANIEL HOWE - TREASURER	Address: Name and Title	2700 PASS AGRILLE WAY  ST. PETERSBURG, FL 33706  NATHANIEL HOWE - DIRECTOR
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Name and Title:		Name and Title:	
Address		Address:	
	REGISTERED AGENT orida street address (P.O. Box NOT acceptable)	of the registered agent is:	
Name:	NATHANIEL HOWE	of the registered agent is.	
Address:	2700 PASS AGRILLE WAY	_	
. redress.	ST. PETERSBURG, FL 33706	_	
ARTICLE VII	NCORPORATOR		
The name and ad	dress of the Incorporator is:		
Name:	CELESTE RHINE	_	
Address:	P.O. BOX 92095	<del></del>	
	HENDERSON, NV 89009		
Effective date, if (If an effective d filing.)  Note: If the date		not be more than five days prior or 90 days after the	
Having been nam certificate, I am fo	ed as registered agent to accept service of proces imiliar with and accept the appointment as regis		
		2/26/2022	
•	Required Signature/Registered Agent	Date	
	ument and affirm that the facts stated herein of Department of State constitutes a third degree fe	ire true. I am aware that the false information submitted to the submitted of the submitted	
Calan	e Phine	MARCH 1, 2022	