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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 : WILSON TAX & ACCOUNTING INC.

Account Number : I20150000107 Phone : (941)625-1925 Fax Number : (941)625-1526

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

Email Address: kdelucca1031@yahoo.com

FLORIDA PROFIT/NON PROFIT CORPORATION Katie DeLucca PA

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Help

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

CICII DDI	NCIPAL OFFICE		
ICLEII PRI	Principal street address	Mailing add	ress, if different is:
NORTH PORT, FL 34287		3212 OPORTO ST NORTH PORT, FL 34287	
purpose for which	h the corporation is organized is: REAL E	STATE BROKER OR SALES	
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<u> </u>			
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TCLEIV SHA	(RFS)		7A.
number of shares	IRES of stock is: 100	.	2022 MAR SEURE I- FALLAHA
10000 m			AR AR
	TAL OFFICERS AND/OR DIRECTORS Hale KATIE DELUCCA		18 A
Name and Tit	itle: TATTE DELOCA	Name and Title:	
			= = =
Address	PRESIDENT	Address:	FLORI
Address	PRESIDENT		AH II: 30 Y OF STATE EE. FLORIDA
Address	PRESIDENT		FLORIDA
	PRESIDENT 3212 OPORTO ST NORTH PORT, FL 34287	Address:	
Name and Ti	PRESIDENT 3212 OPORTO ST NORTH PORT, FL 34287	Address: Name and Title:	
	PRESIDENT 3212 OPORTO ST NORTH PORT, FL 34287	Address: Name and Title:	
Name and Ti	PRESIDENT 3212 OPORTO ST NORTH PORT, FL 34287	Address: Name and Title:	
Name and Ti	PRESIDENT 3212 OPORTO ST NORTH PORT, FL 34287	Address: Name and Title:	
Name and Ti Address	PRESIDENT 3212 OPORTO ST NORTH PORT, FL 34287	Address: Name and Title: Address:	
Name and Ti Address	PRESIDENT 3212 OPORTO ST NORTH PORT, FL 34287	Address: Name and Title: Address: Name and Title:	

Name:	and Title:	Name and Title:	
Addre	ss	-	
ARTICLE VI	_REGISTERED AGENT		
The name and	Florida street address (P.O. Box NOT acceptable) of the registered agent is:	
Name:	KATIE DELUCCA		
Address:	3212 OPORTO ST		
	NORTH PORT, FL 34287	· · · · ·	
<u>ARTICLE VII</u>	INCORPORATOR		2022 HAR 18 SEURLIVARY OF TALLAHASSEE
The name and	address of the Incorporator is:		AS A
Name:	KATIE DELUCCA		HAR 18 A
Address:	3212 OPORTO ST		FE
	NORTH PORT, FL 34287		AHII: 30 OF STATE EFFLORID
Effective date, (If an effective filing.) Note: If the date,	I EFFECTIVE DATE: if other than the date of filing: the date is listed, the date must be specific and car ite inserted in this block does not meet the applical the effective date on the Department of State's record	nnot be more than five days pri ble statutory filing requirements,	·
certificate, I un	nmed as registered agent to accept service of process familiar with and accept the appointment as regis	s for the above stated corporation stered agent and agree to act in th	at the place designated in this is capacity MARCH 17, 2022
	Required Signature/Registered Agent		Date
I submit this d	ocument and offirm that the facts stated herein a	ire true. I am aware that the fal:	se information submitted in a
	e Depurtment of State constitutes a third degree fel		
Ka	tuegatie		MARCH 17, 2022
Required Signa	ture/Incorporator	Date	: