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(Requestor's Name)

(Address)

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PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

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STATE
TALLAHASSEE, FL

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Incorporating Services, Ltd.

1540 Glenway Drive
Tallahassee, FL 32301
850.656.7956
Fax: 850.656.7953
www.incserv.com
e-mail: accounting@incserv.com



ORDER FORM

TO Florida Department of State
The Centre of Tallahassee
2415 North Monroe Street, Suite 810
Tallahassee, FL 32303
corphelp@dos.myflorida.com
850-245-6051

FROM Melissa Moreau
mmoreau@incserv.com
850.656.7953

REQUEST DATE 3/25/2022 **PRIORITY** Regular Approval **OUR REF.# (Order ID#)** 1021908

ORDER ENTITY
ARROYO FAMILY HOLDINGS, INC.

PLEASE PERFORM THE FOLLOWING SERVICES:
ARROYO FAMILY HOLDINGS, INC. (FL)

Please file the attached articles and provide a certified copy.

NOTES:
\$78.75 Authorized
Email address for annual report reminders: OPina@shutts.com

RETURN/FORWARDING INSTRUCTIONS:
ACCOUNT NUMBER: I20050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

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

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ARTICLE I NAME

The name of the corporation shall be: Arroyo Family Holdings, Inc.

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ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address
2010 Park Street North
St. Petersburg, FL 33710

Mailing address, if different is: _____
STATE
FLORIDA, FL

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: All lawful activity for which a corporation may be organized under Florida law.

ARTICLE IV SHARES

The number of shares of stock is: 10,000 common shares

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Diane Schleicher, President Name and Title: _____
Address 2010 Park Street North Address: _____
St. Petersburg, FL 33710

Name and Title: _____ Name and Title: _____
Address _____ Address: _____

Name and Title: _____ Name and Title: _____
Address _____ Address: _____

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: Olga M. Pina, Esq. c/o Shutts & Bowen LLP
4301 W. Boy Scout Blvd., Suite 300
 Address: _____
Tampa, FL 33607

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 SECRETARY OF STATE
 TALLAHASSEE, FL

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Olga M. Pina
 Address: 4301 W. Boy Scout Blvd., Suite 300
Tampa, FL 33607

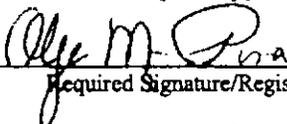
ARTICLE VIII EFFECTIVE DATE:

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 days prior or 90 days after the filing.)

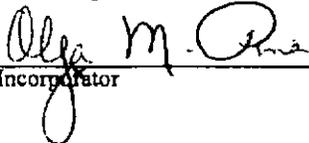
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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


 Required Signature/Registered Agent

3/25/22
 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.


 Required Signature/Incorporator

3/25/22
 Date