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(Re	questor's Name)	
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PICK-UP	TIAW	MAIL
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(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	





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CORPORATE , ACCESS, ____

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INC.

236 East 6th Avenue. Tallahassee, Florida 32303 P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

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	P	ICK UP:	3/28 D	ANNY			
XX	CERTIFIED COPY PHOTOCOPY CUS						
XX	FILING	INC					
1.	GAINSVILLE SMOR	KE SHOP 2	2 INC				
2.	(CORPORATE NAME AND DO	OCUMENT #)					
3.	(CORPORATE NAME AND DO	OCUMENT #)					
4.	(CORPORATE NAME AND DO	OCUMENT #)					,
5.	(CORPORATE NAME AND DO	DCUMENT #)					
6.	(CORPORATE NAME AND DO	OCUMENT #)		 .	·		
SPECIA INSTRI	AL UCTIONS:						

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

ICLE II PRI	CIPAL OFFICE Principal street add			
3446 WEST UNIVERSITY AVENUE			Mailing address, if different is: POBOX # 726	
GAINESVILLE, FL 32607			ARCHER, FL 32618	
CLE III PURI		ny lawful purpose		
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CLE IV SHAP umber of shares o	ES 200 f stock is:		~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	
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umber of shares o	SHIVANGI MAHESHBHAI PATEL-PRESIL	DENT Name and Title:	√ <u>()</u>	
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amber of shares of shares of State V INITE Name and Titi Address	f stock is: AL OFFICERS AND/OR DIRECTORS e: SHIVANGI MAHESHBHAI PATEL-PRESIL 3446 WEST UNIVERSITY AVENUE GAINESVILLE, FL 32607	DENT Name and Title: Address:	(I)	
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•	and Title:	Name and Title:	
Addres		8 delenas	
ARTICLE VI The pame and I	REGISTERED AGENT Florida street address (P.O. Box NOT acceptable	le) of the registered agent is:	
Name:	SHIVANGI MAHESHBHAI PATEL		
Address:	3446 WEST UNIVERSITY AVENUE		
	GAINESVILLE, FL 32607	<u> </u>	
4971C1 F 1/11	Manna	*	Zuzž BAR
	INCORPORATOR	;	
The name and a	ddress of the Incorporator is:		: - R 28
Name:	SHIVANGI MAHESHBHAI PATEL	نن ن	
Address:	3446 WEST UNIVERSITY AVENUE	<u>— </u>	<u> </u>
	GAINESVILLE, FL 32607		
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	EFFECTIVE DATE: Other than the date of filing:		
ARTICLE VIII Effective date, if		(OPTIONAL)	
Effective date, if (If an effective o	date is listed, the date must be specific and ca	The same of the same same same same same same same sam	days after the
Effective date, if (If an effective of filling.) Note: If the date	date is listed, the date must be specific and ca e inserted in this block does not meet the applicate effective date on the Department of State's recor	able statutory filing requirements, this date	
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Effective date, if (If an effective of filing.) Note: If the date the document's e	e inserted in this block does not meet the applical effective date on the Department of State's record the aregistered agent to accept service of processing the application with and accept the appointment as registered.	able statutory filing requirements, this date rds.	will not be listed as ace designated in this by
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Effective date, if (If an effective of filing.) Note: If the date the document's e Having been nam certificate, I am f	e inserted in this block does not meet the applicate inserted in this block does not meet the applicate inserted at the Department of State's record med as registered agent to accept service of processing and accept the appointment as registered Agent Required Signature/Registered Agent cument and affirm that the facts stated herein to	able statutory filing requirements, this date rds. ess for the above stated corporation at the plaistered agent and agree to act in this capacity 03/28/20 are true. I am aware that the false inform	will not be listed as ace designated in this by Date
Effective date, if (If an effective of filing.) Note: If the date the document's e Having been name certificate, I am f	e inserted in this block does not meet the applica effective date on the Department of State's recorded as registered agent to accept service of processimilar with and accept the appointment as registered. Required Signature/Registered Agent	able statutory filing requirements, this date rds. ess for the above stated corporation at the plaistered agent and agree to act in this capacity 03/28/20 are true. I am aware that the false inform	will not be listed as ace designated in this by Date nation submitted in a