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Division of Corporations

Fax Number : (850)617-6381

Jennifer L. Williamson, Esq. Account Name : CRARY, BUCHANAN, BONDISH, ET AL Account Number : 876424981425

Phone : (772)233-4602 : (772)223-4378 Fax Number

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

Enail Address: jlw@crarybuchanan.com

## FLORIDA PROFIT/NON PROFIT CORPORATION

2TK Architecture & Design, Inc.

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## ARTICLES OF INCORPORATION

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

ARTICLE I NAME							
The name of the corporati	on shall be: 2TK Architecture & [	Design, Inc.	<u></u>				
	IPAL OFFICE		<b>4</b> 111 1.1	-c 1-cc .			
]	rincipal street address	Ŋ	Mailing addre	ss, if different	15:		
7904 SW Jack Jame				04 SW Jack James Drive			
Stuart, Florida 34997		S	Stuart, Florida 34997				
		-					
ARTICLE III PURPO The purpose for which th	<u>SE</u> e corporation is organized is: <u>to trar</u>	isact any and all law	aful husines	s for which co	orporat	ions	
				101_H1H-H2H2W	51,001 a.		
may be incorporated t	under the Florida Business Corpora	ion Act.	···	<del></del>			
			<u>-</u>				
			<u> </u>	<del>-</del>			
ADTICLE III CHADI	20						
ARTICLE IV SHARE The number of shares of s	<u>3</u> tock is: One Thousand (1,000) with	no par value			~		
		<del></del>		1.	922		
ARTICLE V INITIA	LOFFICERS AND/OR DIRECTORS			=	2022 JUN	•	
Name WEETINE	Benjamin Joseph Travis, IV	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	President	Transurar:			
Name anname.		AMANA AND THUC.	i residerit,	Treasurer, L		<del>-</del>	
Address	7904 SW Jack James Drive	XXXXXXXX		<u> </u>	_₽_	<u> </u>	
	Stuart, Florida 34997			<u></u> ,,	2:		
				r	20		
		<del></del>					
Name makilishe:	Stephanie Erin Travis	XXXXXXXXXX Title:	Vice Presi	dent. Secreta	arv. Dir	ector	
	7904 SW Jack James Drive			<u> </u>	<u>, ,</u>	<u> </u>	
Add <del>re</del> ss _	· · · · · · · · · · · · · · · · · · ·	XXXXXXXXX					
	Stuart, Florida 34997						
		<del></del> -					
Name XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	Walter Daniel Kot	Noncommit Title:	Director				
CHAILIFO GERD/# POPU.		AAAAAAAAAAA TRIC.,	Director_				
Address	7904 SW Jack James Drive	Aukhosexx					
	Stuart, Florida 34997						
		<del></del>	<u>-</u>				
		<del></del>					

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Name a	nd Title:	Name and Title:	
Addres	s	Address:	
	····	<del>_</del>	
ARTICLE VI	REGISTERED AGENT		
The <u>name and I</u>	Florida street address (P.O. Box NOT acceptable)	of the registered agent is:	
Name:	Jennifer L. Williamson, Esquire	_	
Address:	759 SW Federal Highway, Suite 106	<u> </u>	
	Stuart, Florida 34994	<del></del>	
ADTICI E VII	INCORPORATOR		
ARTICLETI	NCORPORATOR		
The <u>name and a</u>	address of the Incorporator is:		
Name:	Benjamin Joseph Travis, IV	<del></del>	
Address:	7904 SW Jack James Drive		207
	Stuart, Florida 34997	<del></del> -	1002 JUH - 3
	EFFECTIVE DATE:		$=$ $\sum_{i=1}^{\infty}$ $\omega_{i}$
	f other than the date of filing:date is listed, the date must be specific and can		<i>(γ</i> − <b>ਹ</b> (ಕ:
filing.)	date is listed, the date must be specific and can	mot be more than five days prior	or so days after the
	e inserted in this block does not meet the applicate effective date on the Department of State's record		nis date will not be steed as
are document 3	encetive date on the Department of State s record	15,	
Having been na certificate, I am	med as registered agent to accept service of proces. familiar with and accept the appointment as regis	s for the above stated corporation a tered agent and agree to act in this	nt the place designated in this
	· · · · · · · · · · · · · · · · · · ·	3 9	6.3.22
<del></del>	Jennifer L. Williamson, Eig.  Required Signature/Registered Agent		Date
I submit this do	cument and affirm that the facts stated herein a	re true. I am aware that the false	information submitted in a
document to the	Department of State constitutes a third degree feld	ony as provided for in s.817.155, F	2.2
Benja	min Joseph Travia, AV		6.3.22
	ure/Incorporator	Date	

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