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S. CHATHAM

GIVIORIS OF INFORMATIONS
TALLAHASSEE, FLORIDA

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COVER LETTER

Department of State New Filing Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

SUBJECT: Castic & Affilia (PROPOSED CORPORA	utes, inc.	
(PROPOSED CORPORA	TE NAME 4 <u>MUST INCL</u>	<u>ude suffix</u>)
Enclosed are an original and one (1) copy of the arti	icles of incorporation and	l a check for:
S70.00 S78.75 Filing Fee Filing Fee & Certificate of Status	☐ \$78.75 Filing Fee & Certified Copy	S87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED		PY REQUIRED
FROM: NICOR CASTIC	e (Printed or typed)	
555 NE 3th St.	MNIT LEO LE Address	
Fort Lauderdale City,	FL 33304- State & Zip	
(954-)821-1600 Daytime T	elephone number	
Casticmnic@gm E-mail address: (to be used	ng 1 CO IV) d for future annual report i	notification)

NOTE: Please provide the original and one copy of the articles.

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

The name of the corpo	<u>IE</u> tration shall be: <u>CaST1E & F</u>	Hillates	, 1nc.
ARTICLE II PRI:	NCIPAL OFFICE Principal <u>street</u> address	Maili	ing address, if different is:
555 NEB Fort Laud	trola le TL 33304		
ARTICLE III PUR The purpose for which	h the corporation is organized is:	tsourcing	rentals
and/or o	ecting on be halt	e as an affi	hate.
		· · ·	
ARTICLE IV SHA The number of shares	RES of stock is: 100		
	TAL OFFICERS AND/OR DIRECTORS	<i>i</i>	
	ide: NICOLC COSTIC, D		
Address	555 NF 8th St.	Address:	·
=j	unit levle Fort laugerdale,=	 FL 33304	
Name and Ti	ile:	Name and Title:	
Address		Address:	
Name and Ti	tle:	Name and Title:	2 JUN 2
Address		Address;	13 AA
			<u>α</u>
			<u>ක් දූ </u>

Name and Title:	Name and Title:
Address	Address:
ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT account)	eptable) of the registered agent is:
Name: NICOLE COSTIE	
Address: 555 NE 8Th St, Ur	
Fort Lauderdaie,	
ARTICLE VII INCORPORATOR	
The name and address of the Incorporator is:	
Name: NICOIC CASTIC	
Address: 555 NE 8th St	
Fort lauder da	セーチレー 33304
ARTICLE VIII EFFECTIVE DATE: Effective date, if other than the date of filing: O(8 11. (If an effective date is listed, the date must be specific a filing.)	3/22 (OPTIONAL) and cannot be more than five days prior or 90 days after the
<u>Note:</u> If the date inserted in this block does not meet the the document's effective date on the Department of State's	applicable statutory filing requirements, this date will not be listed as s records.
Having been named as registered agent to accept service of certificate, I am familiar with and accept the appointment	f process for the above stated corporation at the place designated in this as registered agent and agree to act in this capacity
Micole Castle	06/13/22_
Required Signature/Registered	·
I submit this document and affirm that the facts stated I document to the Department of State constitutes a third de	nerein are true. I am aware that the false information submitted in a gree felony as provided for in s.817.155, F.S.
Required Signature/Incorporator	06/13/22 % Date
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COVER LETTER

Department of State New Filing Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

SUBJECT: (.U.) 1 17. f. fy-f(1) (PROPOSED CORI	PORATE NAME - MUST INCLUDE SU	FFIX)
Enclosed are an original and one (1) copy of to \$70.00 \$\subseteq \$70.00 \subseteq \$78.75\$ Filing Fee & Certificate of Statu	the articles of incorporation and a chec S78.75	S87.50 ling Fee, ertified Copy Certificate of tatus

FROM: Name (Printed or typed)
555 147 37 117 7 117 1 115 12 Address
THE THE City State & Zip
Daytime Telephone number
E-mail address: (to be used for future annual report nonfication)

NOTE: Please provide the original and one copy of the articles.