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Division of Corporations Electronic Filing Cover Sheet

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To:

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FLORIDA PROFIT/NON PROFIT CORPORATION Pilot Capital Group Inc.

Certificate of Status	1
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Corporate Filing Menu

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

	E ation shall be: Pilot Capital Group ICIPAL OFFICE		
Principal <u>street</u> address 019 Kane Concourse, #201, Bay Harbor, FL 33154		Mailing address, i	f different is:
TICLE III PURI	POSE the corporation is organized is: ANY AN	ID ALL LAWFUL PU	RPOSES
			222
TICLE IV SHALE number of shares of	RES of stock is: 200		DEURINASSEL
TICLE V INIT	IAL OFFICERS AND/OR DIRECTORS		3
Name and Tit	_{tle:} Levi Capland, President	Name and Title:	STATE STATE
Address	1019 Kane Concourse, #201	Address:	6 h
	Bay Harbor, FL 33154		
Name and Titl	e:	Name and Title:	
Address		Address:	
Name and Titl	e:	Name and Title:	

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Name an	d Title:	Name and Title:	
Address		Address:	
ARTICLE VI	REGISTERED AGENT		
	orida street address (P.O. Box NOT acceptable) of	the registered agent is:	
Name:	Registered Agent Solutions, Inc.		
Address:	155 Office Plaza Dr. Suite A		
Augross.	Tallahassee, FL 32301		202
			Fr. in
ARTICLE VII	INCORPORATOR		TALLAHASSEE, FLORIOGE
The <u>name and ac</u>	Idress of the Incorporator is:		35.0
Name:	Levi Capland		F1S 55
Address:	1019 Kane Concourse, #201		08. L
	Bay Harbor, FL 33154		
ARTICLE VIII	EFFECTIVE DATE:		
	other than the date of filing: ate is listed, the date must be specific and canno		r or 90 days after the
filing.)	•		•
	inserted in this block does not meet the applicable ffective date on the Department of State's records.	statutory filing requirements, t	his date will not be listed as
	ned as registered agent to accept service of process fo amiliar with and accept the appointment as registers		
Steven Weiss, Assistant Secretary			6/10/2022
	Required Signature/Registered Agent		Date
	ument and affirm that the facts stated herein are a Department of State constitutes a third degree felony		
Levi Capland			6/10/2022
Required Signatu	re/lucomorator	Date	