(Red	questor's Name)	
(Add	dress)	
(Ade	dress)	
(City	y/State/Zip/Phone	: #)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to I	Filing Officer:	_
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Office Use Only



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CORPORATE

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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

WALK IN

	PIC	CK UP:	8/15 DANNY	
	CERTIFIED COPY			
ХХ	РНОТОСОРУ			
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XX	FILING	INC		AUG 15
	ASHLOW INC			33
	(CORPORATE NAME AND DOC	CUMENT #)		cu carried
-	(CORPORATE NAME AND DOC	CUMENT #)		<u>.</u>
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_	(CORPORATE NAME AND DOC	CUMENT #)		
_	(CORPORATE NAME AND DOC	V 13 (F) (13)		

COVER LETTER

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

SUBJECT:	PROPOSED CORPORA	FNC TE NAME - MUST INCLI	UDE SUFFIX)	
Enclosed are an orig	inal and one (1) copy of the art	ticles of incorporation and	a check for:	22 A
□ \$70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	& Certificate of Status	
FROM:	Lawren ?	aterell (Printed or typed)		
_	5499 N.	Federal H	ur	
	Baca Ray	on, FL 3 v, State & Zip	3487	
	aurenb@pr	Telephone number Telephone number Totitude annual report	hove com	

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)

ARTICLE I NAME The name of the corporation shall be:	sh/ow Inc
ARTICLE II PRINCIPAL OFFICE 90/5 Le J. A. H. A. Principal street address # 1 A Roca Raby FL 33	Mailing address, if different is: ———————————————————————————————————
ARTICLE III PURPOSE The purpose for which the corporation is organized is	Marketing 22 15 15 15 15 15 15 15 15 15 15 15 15 15
	11: 32: 13: 13: 13: 13: 13: 13: 13: 13: 13: 13
ARTICLE IV SHARES The number of shares of stock is: ARTICLE V INITIAL OFFICERS AND/OR DIR Name and Title: How with the Address Address 9015.10.49	RECTORS - PCS Name and Title: - Address:
Roca Raton	14133432
Name and Title:Address	
Name and Title:	Name and Title:Address:

Name and Title:	Name and Title:	
Address	Address:	
ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. B	NOT acceptable) of the registered agent is:	
Name: Ashlandit	He	.
Address: 9015. LC) 4th Aver#14	
Bora Rox	on, FL 33432	US /
		S Table
ARTICLE VII INCORPORATOR		M G
The name and address of the Incorporator is:	(/)	PHII: 33
Name: HSU/ULA	14/e 1/11/	7
Address: 2013.	2. Mylathie # 14	
Boca Ki	Don \$ 33132	
	1 1	
ARTICLE VIII EFFECTIVE DATE: Effective date, if other than the date of filing	: 8/12/2022 (OPTIONAL	
(If an effective date is listed, the date must filing.)	t be specific and cannot be more than five days p	erior or 90 days after the
-	not meet the applicable statutory filing requirement	ts, this date will not be listed a
the document's effective date on the Departr	nent of State's records.	
Having been named as registered agent to ac	cept service of process for the above stated corporati	ion at the place designated in t
certificate, I am familiar with and accept the	appointment as registered agent and agree to act in	inis capacity
Ashyleelus .	re/Registered Agent	8/12/22
		iDaw (false information submitted is
I submit this document and affirm that the document to the Department of State constitu	facts stated herein are true. I am aware that the jutes a third degree felony as provided for in s.817.15	suse injormation suomitteu ti 55, F.S.
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