

8/16/22, 1:45 PM

Division of Corporations  
**P22000064136**  
 Florida Department of State  
 Division of Corporations

### Electronic Filing Cover Sheet

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To:

Division of Corporations  
 Fax Number : (850)617-6381

From:

Account Name : C T CORPORATION SYSTEM  
 Account Number : FCA000000023  
 Phone : (954)208-0845  
 Fax Number : (614)573-3996

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

Email Address: \_\_\_\_\_

### FLORIDA PROFIT/NON PROFIT CORPORATION

Do It 365 Inc

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

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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 corporation shall be: Do It 365 Inc**ARTICLE II PRINCIPAL OFFICE**Principal street address  
14545, S. Military Tr, Ste J-172,  
Delray Beach FL 33484Mailing address, if different is:  
14545, S. Military Tr, Ste J-172,  
Delray Beach FL 33484**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: Any legal activity / business management services**ARTICLE IV SHARES**The number of shares of stock is: 2,000**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: Glen Anthony Miller - DirectorAddress: 14545, S. Military Tr, Ste J-172,  
Delray Beach FL 33484Name and Title: Glen Anthony Miller - PresidentAddress: 14545, S. Military Tr, Ste J-172,  
Delray Beach FL 33484Name and Title: Glen Anthony Miller - SecretaryAddress: 14545, S. Military Tr, Ste J-172,  
Delray Beach FL 33484Name and Title: Glen Anthony Miller - TreasurerAddress: 14545, S. Military Tr, Ste J-172,  
Delray Beach FL 33484

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

2022.08.16 AM 2:06

Name and Title: _____	Name and Title: _____
Address _____	Address: _____
_____	_____
_____	_____

**ARTICLE VI REGISTERED AGENT**The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: NRAI Services, Inc.

Address: 1200 South Pine Island Road

Plantation, FL 33324

**ARTICLE VII INCORPORATOR**The name and address of the incorporator is:

Name: Laughlin Associates, Inc.

Address: 680 W Nye Lane Ste 202

Carson City, NV 89703

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*

By: NRAI Services, Inc. 8/16/2022

Jennifer Tasevoli Jennifer Tasevoli Asst Secretary \_\_\_\_\_

Required Signature/Registered Agent Date

*I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.*

[Signature] 8/16/2022

Required Signature/Incorporator Date

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