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Division of Corporations

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

Email Address: SUMMERBREEZEFLORIDA@GMAIL.COM**FLORIDA PROFIT/NON PROFIT CORPORATION**~~Summer Breeze Inc~~

Summer Breeze Florida Inc

Certificate of Status	1
Certified Copy	0
Page Count	03
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August 18, 2022

FLORIDA DEPARTMENT OF STATE
Division of Corporations

HUBCO

SUBJECT: SUMMER BREEZE INC
REF: W22000106617

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is L19000084060 (SUMMER BREEZE LLC).

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Dil Sultana
Regulatory Specialist II

FAX Aud. #: H22000278775
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TALLAHASSEE, FLORIDA

H22000278775

ARTICLES OF INCORPORATION

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

ARTICLE I NAMEThe name of the corporation shall be: Summer Breeze Florida Inc**ARTICLE II PRINCIPAL OFFICE**Principal street address298 Van Buren AvenueDeFuniack Springs, FL 32435

Mailing address, if different is:

ARTICLE III PURPOSEThe purpose for which the corporation is organized is: Any Legal or Lawful Purpose**ARTICLE IV SHARES**The number of shares of stock is: 100 at No Par Value**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: Randall T Trusty - President/DirectorAddress 298 Van Buren AvenueDeFuniack Springs, FL 32435Name and Title: Jeffrey W Heard - Vice President/DirectorAddress: 298 Van Buren AvenueDeFuniack Springs, FL 32435

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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JACKSONVILLE, FL

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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: Jeffrey W Heard

Address: 298 Van Buren Avenue

DeFuniack Springs, FL 32435

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Randall T Trusty

Address: 298 Van Buren Avenue

DeFuniack Springs, FL 32435

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

Required Signature/Registered Agent

Jeffrey W Heard

August 15, 2022

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.

Required Signature/Incorporator

Randall T Trusty

August 15, 2022

Date

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