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DIVISION OF CONTORATION

## **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

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

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MITCLE II TAIL	API6837 Corp  ation shall be:  CIPAL OFFICE  Principal street address		Mailing address, if different is:	
5837 Chase Rd.				
Dearborn, MI 48126				
ARTICLE III PURP The purpose for which	OSE the corporation is organized is:	l lawful business.		
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			8: 3:45 2: 2:45	
	AL OFFICERS AND/OR DIRECTORS			
	Lori McConomy - Director, President, Treasure:	er Name and Title:		
Address	8 First Street	Per Name and Title:  Address:	8 First Street	
Address				
	8 First Street Waterdown, Ontario LOR 2H0 Canada	Address: 	8 First Street Waterdown, Ontario L0R 2H0 Canada	
Name and Title	8 First Street  Waterdown, Ontario LOR 2H0 Canada	Address: Name and Title:	8 First Street Waterdown, Ontario L0R 2H0 Canada	
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Name and Title Address	Waterdown, Ontario LOR 2H0 Canada	Address: Name and Title: Address: Address: Name and Title:	8 First Street  Waterdown, Ontario L0R 2H0 Canada	

Name a	nd Title:	Name and Title:	
Addres	s		
	REGISTERED AGENT lorida street address (P.O. Box NOT acceptable) Brent Green 23781 US Hwy, 27, Ste. 210	_	DINISION OF CONFO
ARTICLE VII	Lake Wales, FL 33589  INCORPORATOR		STATE ORATIONS 3: 21
	Idress of the Incorporator is:		
Name	Lori McConomy		
Address:	8 First Street	_	
	Waterdown, Ontario LOR 2H0 Canada	<del>-</del>	
Fifective date, if an effective date of filing.)  Note: If the date	EFFECTIVE DATE: other than the date of filing: ate is listed, the date must be specific and cann inserted in this block does not meet the applicable fective date on the Department of State's records.	ot be more than five days prior	
Having been nam this certificate, I a	ned as registered agent to accept service of procession familiar with and accept the appointment as re  Required Signature/Registered Agent	gistered agent and agree to act in	n at the place designated in this capacity  9-26-22  Date
submit this docu locument to the E	Required Signal dire/Registered Agent  iment and affirm that the facts stated herein are  department of State constitutes a third degree felou  Conon	true. I am aware that the false	information submitted in a

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