PANNO 18385

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
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SECRETARY DE SI

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:	i lides heal Estate Inc
ARTICLE II PRINCIPAL OFFICE Principal street address	Mailing address, if different is:
22 Preas Brid	- Dr. Rox HH
Crantordville FL 333	2017 Rampai FL 30346
ARTICLE III PURPOSE	
The purpose for which the corporation is organized is:	Ful Business.
HIN and HIL TIM	(TUI DISINGS).
ARTICLE IV SHARES	
The number of shares of stock is:	
ARTICLE V INITIAL OFFICERS AND/OR DIRE	CTORS
Name and Title: MOVIQ Palmie	THE Name and Title:
Address 22 PCSGY PCC	Address:
Crawfordille	EFI 3737
Name and Title:	Name and Title:
Address	Address:
	Name and Title: 25 7027 72 72 72 72 72 72 72 72 72 72 72 72 7
Name and Title:	Name and Title:
Address	Address:
	SO TO SO
	S. S.
	—————————————————————————————————————

Name and Title:	Name and Title:
Address	Address:
	
ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Bo	w NOT acceptable) of the registered agent is:
Name: Bryon Sy Address: Crow Fordy	aders Fordville Hwy Ste B ille FL 30377
ARTICLE VII INCORPORATOR	
The <u>name and address</u> of the Incorporator is:	
Name: DNOD DO	ndars I was the B
Address: 2008 CY	nders Infordville Hwy Ste B dville FL 30377
ARTICLE VIII EFFECTIVE DATE: Effective date, if other than the date of filing: (If an effective date is listed, the date must billing.)	(OPTIONAL) De specific and cannot be more than five days prior or 90 days after the
Note: If the date inserted in this block does not the document's effective date on the Departme	of meet the applicable statutory filing requirements, this date will not be listed as ent of State's records.
	rpt service of process for the above stated corporation at the place designated in this oppointment as registered agent and agree to act in this capacity C / 14 / 2022 Registered Agent Date
I submit this document and affirm that the fi document to the Department of State constitute	acts stated herein are true. I am aware that the false information submitted in a es a third degree felony as provided for in s.817.155, F.S.
Required Signature/Incorporator	Date /0/14/2022
	SECRETARY OF STATE TALLAHASSEE, FL

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