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To:

Division of Corporations

Fax Number : (850)617-6381

From:

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Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I200000000019 Phone : (305)552-5973 Fax Number : (305)675-5944

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

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FLORIDA PROFIT/NON PROFIT CORPORATION SPSELITE1 CORP Certificate of Status 0

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Help

T. SCOTT

OCT 1 4 2022

ARTICLES OF INCORPORATION In compliance with Chapter 607 (Profit)

ARTICLE 1 NAME: The name of the corporation is:

0000			
SPSELITE1 CORP			
ARTICLE IL PRINCIPAL OFFICE:			
The principal street address and mailing address is:			
3215 Skyline Blv Apt B Cape Coral FL 33914			
ARTICLE III SHARES: The number of shares of stock is: 100			
	~_ •		
ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:			
ANDY POMPA (p)			
	-	202	
	401S	2022 OCT	£34
	— <u>+</u> 075	=	1.
	TE. CHIS	ω -	į.
		P	į.
ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS	DEO ATION ORIDA	ယ္	٤,
The name and Florida street address (PO Box not acceptable) of the registered agen	Si to	v	
A MARINE A THE PARTY OF THE PAR	IT 15:		
	-		
15 Skyline Bly Apt B Cape Coral FL 33914	.		
	_		
APTICLE III INCORPORATION (**			
ARTICLE VI INCORPORATOR: The name and address of the Incorporator	is:		
IDY POMPA			
5 Skyline Blv Apt B Cape Coral FL 33914			

Required Signatures:

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

10/12/2020()

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.

10/12/2022 Incorporator Date