

10/31/2022 10:31:00 AM

GEALD WEINBERG

Division of Corporations

No. 4995 P. 1/3

P22000082578

Division of Corporations
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**FLORIDA PROFIT/NON PROFIT CORPORATION
UPSPLY INC.**

Certificate of Status	0
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ARTICLES OF INCORPORATION

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

ARTICLE I NAMEThe name of the corporation shall be: UPSPLY INC.**ARTICLE II PRINCIPAL OFFICE**Principal street address

Mailing address, if different is:

4785 4TH AVENUE NE4785 4TH AVENUE NENAPLES, FL 34120NAPLES, FL 34120**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS**ARTICLE IV SHARES**The number of shares of stock is: 200**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: CHRISTINE DURNALL, P

Name and Title: _____

Address 4785 4TH AVENUE NE

Address: _____

NAPLES, FL 34120

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

ARTICLE VI REGISTERED AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:Name: CHRISTINE DURNALLAddress: 4785 4TH AVENUE NE
NAPLES, FL 34120**ARTICLE VII INCORPORATOR**The name and address of the Incorporator is:Name: LAWRENCE A. KIRSCHAddress: 41 STATE STREET, SUITE 700
ALBANY, NEW YORK 12207**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*/s/Christine Durnall

Required Signature/Registered Agent

10/31/2022

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.*Lawrence A. Kirsch

Required Signature/Incorporator

10/31/2022

Date