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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : GERALD WEINBERG, P.C.

Account Number : 120030000043 Phone : (800)342-9856 Fax Number : (800)354-3381

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## FLORIDA PROFIT/NON PROFIT CORPORATION MUCKRAKER INC.

Certificate of Status	0
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Page Count	02
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## GEALD, WEINEERGOOO4134163) No. 5611 P. 2 ARTICLES OF INCORPORATION In compliance with Chapter 607 and/or Chapter 621, RS. (Profit)

TICI.E II PRINC	. IPAL OFFICE Principal <u>street</u> address	Mailing	address, if different is:
NE 1ST AVENUE ARTMENT 503		698 NE 1ST AVENUE APARTMENT 503	
IAMI, FLORIDA	33132	MIAMI, FLOF	ZIDA 33132
		1411 (1411, 1 201	(15) ( 50 102
TICLE III PURPO purpose for which t	he corporation is organized is: ANY AN	D ALL LAWFUL BUSIN	IESS
<del></del>			
		· · ·	
TICLE IV SILAR	<u>ES</u> stock is: 200		
TICLE IV SILAR.	ES stock is: 200		
number of shares of	ES stock is: 200 LOFFICERS AND/OR DIRECTORS		
number of shares of	stock is: 200	Name and Title:	
number of shares of	stock is: 200  LOFFICERS AND/OR DIRECTORS	Name and Title:	
number of shares of  TICLE V INITIA  Name and Title	Stock is: 200  L OFFICERS AND/OR DIRECTORS TROY HEYWARD, P		: - : - : - : - : - : - : -
number of shares of  TICLE V INITIA  Name and Title	STOCK IS: 200  LOFFICERS AND/OR DIRECTORS  TROY HEYWARD, P  698 NE 1ST AVENUE		7.2 W
number of shares of  TICLE V INITIA  Name and Title	LOFFICERS AND/OR DIRECTORS TROY HEYWARD, P 698 NE 1ST AVENUE APARTMENT 503		7.2 W
number of shares of  TICLE V INITIA  Name and Title  Address	LOFFICERS AND/OR DIRECTORS TROY HEYWARD, P 698 NE 1ST AVENUE APARTMENT 503	Address:	
number of shares of  TICLE V INITIA  Name and Title  Address	AL OFFICERS AND/OR DIRECTORS TROY HEYWARD, P 698 NE 1ST AVENUE APARTMENT 503 MIAMI, FLORIDA 33132	Address:  Name and Title:	
Name and Title  Name and Title	AL OFFICERS AND/OR DIRECTORS  TROY HEYWARD, P  698 NE 1ST AVENUE  APARTMENT 503  MIAMI, FLORIDA 33132	Address: Name and Title: Address:	
Name and Title  Name and Title	AL OFFICERS AND/OR DIRECTORS TROY HEYWARD, P 698 NE 1ST AVENUE APARTMENT 503 MIAMI, FLORIDA 33132	Address:  Name and Title:  Address:	
Name and Title  Name and Title	AL OFFICERS AND/OR DIRECTORS TROY HEYWARD, P 698 NE 1ST AVENUE APARTMENT 503 MIAMI, FLORIDA 33132	Address:  Name and Title:  Address:	
Name and Title  Name and Title  Address	AL OFFICERS AND/OR DIRECTORS TROY HEYWARD, P 698 NE 1ST AVENUE APARTMENT 503 MIAMI, FLORIDA 33132	Address:  Name and Title:  Address:	7. 47.
Name and Title  Name and Title  Address	AL OFFICERS AND/OR DIRECTORS TROY HEYWARD, P 698 NE 1ST AVENUE APARTMENT 503 MIAMI, FLORIDA 33132	Name and Title:  Name and Title:  Name and Title:	7. 47.

Name and	Title:	13 416 3) No. 56 1 1 3
Address		Address:
	<i>EGISTERED AGENT</i> rida street address (P.O. Box NOT acceptable) of	f the registered agent is:
Name:	TROY HEYWARD	, ,
Address:	698 NE 1ST AVENUE, APT 503	-
	MIAMI, FLORIDA 33132	-
ARTICLE VII 1	NCORPORATOR	
The <u>name and add</u>	lress of the Incorporator is:	
Name:	LAWRENCE A. KIRSCH	_
Address:	41 STATE STREET, SUITE 700	_
	ALBANY, NEW YORK 12207	_
	EFFECTIVE DATE:	
Effective date, if o (If an effective da illing.)	ther than the date of filing: te is listed, the date must be specific and canno	
Note: If the date i	nserted in this block does not meet the applicable ective date on the Department of State's records.	G.
	d as registered agent to accept service of process for niliar with and accept the appointment as register	.↓ Or the above stated corporation at the place designated in the ed agent and agree to act in this capacity
Istica	HA 11.20 506	12/08/2022
12111	Required Signature/Registered Agent	Date
	parament of State constitutes a third degree felon	true. I am aware that the false information submitted in was provided for in s.817,155, F.S.
	Lavence Or Sisch	12/08/2022
Required Signature		Date

[1100 - 1100 1100