P23000000790

| (Requestor's Name) | |
|--------------------------------------|----------------|
| | |
| | |
| (Address) | _ |
| | |
| | |
| (Address) | |
| | |
| (City/State/Zip/Phone | |
| (City/State/2ip/Phone) | + 1 |
| | |
| PICK-UP WAIT | MAIL MAIL |
| | |
| | |
| (Business Entity Name | |
| | l |
| | |
| (Document Number) | |
| | |
| | |
| ear Copies Certificates | of Status |
| | |
| | |
| alal Instructions to Filing Officer: | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |

Office Use Only



800399745658

SECRETARY OF STAIL

FILED

(D

2022 Jf. -5 PH 1:48

FLORIDA FILING & SEARCH SERVICES, INC.

P.Ø. BOX 10662 TALLAHASSEE, FL 32302 155 Office Plaza Dr Ste A Tallahassee FL 32301 PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE:

01/0\$/23

NAME:

SHIELDWALL SOLUTIONS GAINC.

TYPE OF FILING: ARTICLES

COST:

70.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: **FC**A00000015

AUTHORIZATION: ABBIE/PAUL HODGE

ARTICLES OF INCORPORATION of SHIELDWALL SOLUTIONS GA INC.

The undersigned, acting as Incorporator, desiring to form a corporation for profit pursuant to the Florida Business Corporation Act, adopts the following Articles of Incorporation for such corporation.

ARTICLE 1 - NAME:

The name of this corporation is Shieldwall Solutions GA Inc. (the "Corporation").

<u> ARTICLE II - ADDRESS OF PRINCIPAL OFFICE:</u>

The principal street address and mailing address of the Corporation is 425 Town Plaza Ave, Ponte Vedra Beach, FL 32081

ARTICLE III - CAPITAL STOCK:

The Corporation is authorized to issue one thousand (1,000) shares of capital stock, which shall be designated compion shares with no par value.

ARTICLE IV - INITIAL REGISTERED OFFICE AND AGENT:

The name and street address of the initial registered agent of the Corporation is:

| Registered Agent Name | Address |
|-----------------------|---|
| Universal Registered | 1317 California Street, Tallahassee, FL |
| Agents, Inc. | 32304 |



ARTICLE V - INCORPORATOR:

The name and address of the Incorporator of the Corporation is:

| Incorporator Name | Address |
|------------------------|-----------------------------------|
| Joshua Ehrenfeld, Esq. | 50 North Laura Street, Suite 3000 |
| | Jacksonville, Florida 32202 |

IN WITNESS WHEREOF, the undersigned submits this document and affirm that the facts stated herein are true.

Joshua Ehrenfeld, Esq.

ACCEPTANCE OF REGISTERED AGENT:

Having been named Registered Agent and designated to accept service of process for the above stated Corporation at the place designated in this certificate. I hereby agree to act in this capacity, and I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as Registered Agent as provided for in Chapter \$07, F.S.

UNIVERSAL REGISTERED AGENTS, INC.

By: Julianne Bass

Title: Authorized Representative