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Florida Department of State
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FLORIDA PROFIT/NON PROFIT CORPORATION
FIRST TOWN SERVICES INC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

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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: FIRST TOWN SERVICES INC**ARTICLE II PRINCIPAL OFFICE**Principal street address

Mailing address, if different is:

1108 JADE EAST LN KISSIMMEE, FL 34744**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: 100**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: REYNALDO SEVILLA REYES (P)

Name and Title: _____

Address: 1108 JADE EAST LN
KISSIMMEE, FL 34744

Address: _____

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

Name and Title: _____

Name and Title: _____

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TREASURER
KISSIMMEE, FLORIDA

Name and Title: _____ Name and Title: _____
Address: _____ Address: _____

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: REYNALDO SEVILLA REYES
Address: 1108 JADE EAST LN
KISSIMMEE, FL 34744

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: REYNALDO SEVILLA REYES
Address: 1108 JADE EAST LN
KISSIMMEE, FL 34744

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.

R.R.
Reynaldo Sevilla Reyes (Mar 10, 2023 11:41 CST)

Required Signature/Registered Agent

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.

R.R.
Reynaldo Sevilla Reyes (Mar 10, 2023 11:42 CST)

Required Signature/Incorporator

Date

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REYNALDO SEVILLA REYES
STATE OF FLORIDA