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Division of Corporations

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : HUBCO
Account Number : 104662003400
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Fax Number : (516)935-3088

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

Email Address: WHICKEYCPA@MSN.COM

FLORIDA PROFIT/NON PROFIT CORPORATION

Crazy Conez, Inc

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

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FALL APPLS FILING

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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: Crazy Conez, Inc**ARTICLE II PRINCIPAL OFFICE**Principal street address2686 Tamiami Trail #4Port Charlotte, FL 33952

Mailing address, if different is:

ARTICLE III PURPOSEThe purpose for which the corporation is organized is: Any Legal or Lawful Purpose**ARTICLE IV SHARES**The number of shares of stock is: 200 at No Par Value**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: Deborah Godfry - Presiden/DirectorAddress: 2171 Laughlin RoadNorth Port, FL 34288Name and Title: Jonathan Godfry - Secretary/DirectorAddress: 2171 Laughlin RoadNorth Port, FL 34288

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

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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:	Deborah Godfry
Address:	2171 Laughlin Road
	North Port, FL 34288

ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

Name:	Deborah Godfry
Address:	2171 Laughlin Road
	North Port, FL 34288

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

DocuSigned by:
Deborah Godfry
E3C7FC10F29F476
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.

DocuSigned by:
Deborah Godfry
E3C7FC10F29F476
Required Signature/Incorporator

March 20, 2023

Date

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Date

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Date

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Date

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