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Division of Corporations

Florida Department of State
Division of Corporations
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To:

Division of Corporations
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From:

Account Name : HUBCO
Account Number : 104662003400
Phone : (516)935-3940
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: FRANK@KELAIRINC.COM

FLORIDA PROFIT/NON PROFIT CORPORATION

Tiger Ventures Inc.

Certificate of Status	1
Certified Copy	0
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: Tiger Ventures Inc.**ARTICLE II PRINCIPAL OFFICE**Principal street address20443 Ardore LaneEstero, FL 33928

Mailing address, if different is:

ARTICLE III PURPOSEThe purpose for which the corporation is organized is: Real Estate**ARTICLE IV SHARES**The number of shares of stock is: 1,500 at No Par Value**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: Francis X. Kelly - President/Director

Name and Title: _____

Address 20443 Ardore Lane

Address: _____

Estero, FL 33928

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

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: Francis X. Kelly
Address: 20443 Ardore Lane
Esterro, FL 33928

ARTICLE VII INCORPORATORThe **name and address** of the Incorporator is:

Name: Francis X. Kelly
Address: 20443 Ardore Lane
Esterro, FL 33928

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:
Francis X. Kelly
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:
Francis X. Kelly
Required Signature/Incorporator

March 24, 2023

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