## Pa3000031843

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## **WALK IN**

PICK UP: 4/21 GLINDA CERTIFIED COPY  $\mathbf{X}\mathbf{X}$ **PHOTOCOPY** CUS Domestic CORP XX **FILING** Owndrum Corp. 1. (CORPORATE NAME AND DOCUMENT #) 2. (CORPORATE NAME AND DOCUMENT #) 3. (CORPORATE NAME AND DOCUMENT #) 4. (CORPORATE NAME AND DOCUMENT #) 5. (CORPORATE NAME AND DOCUMENT #) 6. (CORPORATE NAME AND DOCUMENT #) SPECIAL **INSTRUCTIONS:** 

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

RTICLE I NAME e name of the corpora			
20 8th Ave. South, Apaples, FL 34102	CIPAL OFFICE Principal <u>street</u> address or, 202	Mailing address, if different	is:
RTICLE III PURPO the purpose for which t	OSE trans the corporation is organized is:	acting any and all lawful business.	
e number of shares of	AL OFFICERS AND/OR DIRECTOR	_	
RTICLE IV SHAR te number of shares of RTICLE V INITIA Name and Title Address	AL OFFICERS AND/OR DIRECTOR  Robert Guercio, DPST  900 8th Ave. South, Apt. 202	<u>S</u> Name and Title: Address:	
RTICLE V INITIA Name and Title	Robert Guercio, DPST  900 8th Ave. South, Apt. 202  Naples, FL 34102	Name and Title:  Address:  Name and Title:	

Name and Title:		Name and Title:			
Address		Address:			
	REGISTERED AGENT lorida street address (P.O. Box NOT acceptable) of	the registered egent is:			
the frame and Li	Jeff Novatt, Esq.	the registered agent is.			
Name:					
Address:	1415 Panther Lane, Suite 432				
	Naples, FL 34109				
ARTICLE VII	<u>INCORPORATOR</u>				
The name and ac	ddress of the Incorporator is:				
Name:	Jeff Novatt, Esq.				
Address:	1415 Panther Lane, Suite 432				
Addiess.	Naples, FL 34109				
	EFFECTIVE DATE:				
Effective date, if (If an effective d	other than the date of filing:	OPTIONAL): be more than five days prior or 90 days after the			
filing.)		• • • •			
		statutory filing requirements, this date will not be listed as			
the document's e	ffective date on the Department of State's records.				
Having been nar	med 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					
	month, Esq.	04/21/23			
	Required Signature/Registered Agent	/ Date			
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 \$.817.155, F.S.					
	Most Csq.	04/21/23			
Regui	ired Signature/Incorporator	/ Date			