5/1/23, 11:44 AM

Forice Described School State State

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H230001618753)))



H230001818753ABC0

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : GARY, DYTRYCH & RYAN, P.A.

Account Number : I19990000255 Phone : (561)844-3700 Fax Number : (561)844-2388

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

Email Address: Kyle@taiter.com

MAY - L PHI2: 11

FLORIDA PROFIT/NON PROFIT CORPORATION KCamerlinck Holdings, Inc.

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

Electronic Filing Menu

Corporate Filing Menu

Help

PH 2: 12

DocuSign Envelope ID: E4BE81F4-0FF1-4D6E-9D8C-8D0C185BCA59

(H23000161875 3)

ARTICLES OF INCORPORATION

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

LE II PRINCIE	AL OFFICE		
Pr	incipal street address		failing address, if different is
0 Jupiter Park Dr.	Suite 101		olter Park Dr., Suite 101
iter, FL 33458	<u> </u>	lupiter,	FL 33458
LE III PURPOS	F		
pose for which the	corporation is organized is: Any and	l all lawful purpose	9
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
			······································
T P PT 4 PT 4 PT 1	•		
LEIV SHARES	al ta		
LE IV SHARES of sumber of shares of su	ock is:		
TLE IV SHARES inber of shares of su	ock is:		
mber of shares of sta	ock is:		
mber of shares of su	OFFICERS AND/OR DIRECTORS		
mber of shares of su	ock is:		
the V INITIAL Name and Title:	OFFICERS AND/OR DIRECTORS Kyle Camerlinck, P. S. T. D	Name and Title:	
the V INITIAL Name and Title:	OFFICERS AND/OR DIRECTORS	Name and Title:	
the V INITIAL Name and Title:	OFFICERS AND/OR DIRECTORS Kyle Camerlinck, P. S. T. D. 1090 Jupiter Park Dr., Suite 101	Name and Title: Address:	
the V INITIAL Name and Title:	OFFICERS AND/OR DIRECTORS Kyle Camerlinck, P. S. T. D	Name and Title: Address:	
the V INITIAL Name and Title:	OFFICERS AND/OR DIRECTORS Kyle Camerlinck, P. S. T. D 1090 Jupiter Park Dr., Suite 101 Jupiter, FL 33458	Name and Title: Address:	
the V INITIAL Name and Title:	OFFICERS AND/OR DIRECTORS Kyle Camerlinck, P. S. T. D. 1090 Jupiter Park Dr., Suite 101	Name and Title: Address:	
nber of shares of sta LE V INITIAL Name and Title: Address	OFFICERS AND/OR DIRECTORS Kyle Camerlinck, P. S. T. D 1090 Jupiter Park Dr., Suite 101 Jupiter, FL 33458	Name and Title: Address:	
nber of shares of sta LE V INITIAL Name and Title: Address	OFFICERS AND/OR DIRECTORS Kyle Camerlinck, P. S. T. D 1090 Jupiter Park Dr., Suite 101 Jupiter, FL 33458	Name and Title: Address:	
nber of shares of sta LE V INITIAL Name and Title: Address	OFFICERS AND/OR DIRECTORS Kyle Camerlinck, P. S. T. D 1090 Jupiter Park Dr., Suite 101 Jupiter, FL 33458	Name and Title: Address: Name and Title:	
nber of shares of sta LE V INITIAL Name and Title: Address	OFFICERS AND/OR DIRECTORS Kyle Camerlinck, P. S. T. D 1090 Jupiter Park Dr., Suite 101 Jupiter, FL 33458	Name and Title: Address: Name and Title:	
Name and Title: Name and Title:	OFFICERS AND/OR DIRECTORS Kyle Camerlinck, P. S. T. D 1090 Jupiter Park Dr., Suite 101 Jupiter, FL 33458	Name and Title: Address: Name and Title:	
Name and Title: Name and Title:	OFFICERS AND/OR DIRECTORS Kyle Camerlinck, P. S. T. D 1090 Jupiter Park Dr., Suite 101 Jupiter, FL 33458	Name and Title: Address: Name and Title:	
Name and Title: Name and Title:	OFFICERS AND/OR DIRECTORS Kyle Camerlinck, P. S. T. D 1090 Jupiter Park Dr., Suite 101 Jupiter, FL 33458	Name and Title: Address: Name and Title:	
Name and Title: Name and Title:	OFFICERS AND/OR DIRECTORS Kyle Camerlinck, P. S. T. D 1090 Jupiter Park Dr., Suite 101 Jupiter, FL 33458	Name and Title: Address: Name and Title:	
Name and Title: Name and Title:	OFFICERS AND/OR DIRECTORS Kyle Camerlinck, P. S. T. D 1090 Jupiter Park Dr., Suite 101 Jupiter, FL 33458	Name and Title: Address: Name and Title:	
Name and Title: Address Name and Title: Address	OFFICERS AND/OR DIRECTORS Kyle Camerlinck, P. S. T. D 1090 Jupiter Park Dr., Suite 101 Jupiter, FL 33458	Name and Title: Address: Name and Title: Address:	
Name and Title: Address Name and Title: Address	OFFICERS AND/OR DIRECTORS Kyle Camerlinck, P. S. T. D 1090 Jupiter Park Dr., Suite 101 Jupiter, FL 33458	Name and Title: Address: Name and Title: Address:	
Name and Title: Address Name and Title: Address	OFFICERS AND/OR DIRECTORS Kyle Camerlinck, P. S. T. D 1090 Jupiter Park Dr., Suite 101 Jupiter, FL 33458	Name and Title: Address: Name and Title: Address: Name and Title:	
Name and Title: Address Name and Title: Address	OFFICERS AND/OR DIRECTORS Kyle Camerlinck, P. S. T. D 1090 Jupiter Park Dr., Suite 101 Jupiter, FL 33458	Name and Title: Address: Name and Title: Address: Name and Title:	
Name and Title: Address Name and Title: Address Name and Title:	OFFICERS AND/OR DIRECTORS Kyle Camerlinck, P. S. T. D 1090 Jupiter Park Dr., Suite 101 Jupiter, FL 33458	Name and Title: Address: Name and Title: Address: Name and Title:	
Name and Title: Address Name and Title: Address Name and Title:	OFFICERS AND/OR DIRECTORS Kyle Camerlinck, P. S. T. D 1090 Jupiter Park Dr., Suite 101 Jupiter, FL 33458	Name and Title: Address: Name and Title: Address: Name and Title:	

DocuSign Envelope ID: E4BE81F4-0FF1-406E-9D8C-8D0C185BCA59

(H23000161875 3)

Name and	Title:	Name and Title:	<u> </u>
Address		Address:	
		_	_
ARTICLE VI I	<u>REGISTERED AGENT</u> o <u>rida street address</u> (P.O. Box NOT acceptable) of	f the registered agent is:	
Name:	Kyte Camerlinck	-	
Address:	1090 Jupiter Park Dr., Suite 101	_	
	Jupiter, FL 33458	_	
ARTICLE VII	<u>INCORPORATOR</u>		
_ _	idress of the Incorporator is:		
Name:	Kyle Camedinck	_	
Address:	1090 Jupiter Park Dr., Sulte 101	_	
	Jupiter FL 33458	_	
ARTICLE VIII	EFFECTIVE DATE:	(ADTIONAL)	
Effective date, if (If an effective d filling.)	other than the date of filing: Late is listed, the date must be specific and cann	ot be more than five days prior	or 90 days after the
Note: If the date the document's c	inserted in this block does not meet the applicable ffective date on the Department of State's records	e statutory filing requirements, the	nis date will not be listed as
Having been nan certificate, I am J	ned as registered agent to accept service of process familiar with and accept the appointment as registe	for the above stated corporation to cred agent and agree to act in this	at the place designated in this capacity
DecuSigned by:	***		4/27/2023 1:52 PM POT
5002401189574			Date
I submit this doc	and affirm that the facts stated herein ar	e true. I am aware that the faist	information submitted in a
document to the	Department of State constitutes a third degree feto	ny as provided for in £817.155, F	
DocuSigned by:			4/27/2023 1:52 PM POT
Required Signatu	Hinch He Incorporator	— Date	