

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.

(((H23000173388 3)))



H230001733883ABC2

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 : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000000019 : (305)552-5973 Phone : (305)675-5944 Fax Number

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

Email	Address:	
-------	----------	--

FLORIDA PROFIT/NON PROFIT CORPORATION TOLEDO ABC INNOVATIONS, INC.

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

Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF INCORPORATION In compliance with Chapter 607 (Profit)

ARTICLE 1 NAME: The name of the corporation is:

	ARTICLE II PRINCIPAL OFFICE:
	The principal street address and mailing address is:
2900	N. University Drive, Suite 17, Coral Springs, FL 33065
ARI	ICLE III SHARES: The number of shares of stock is: 100
	ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:
eisy_T	oledo - President
_	
	TICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:
AR	
	name and Florida street address (PO Box not acceptable) of the registered agent is
The	
The i eisy <u>T</u> ر	name and Florida street address (PO Box not acceptable) of the registered agent is pledo University Drive, Suite 17, Coral Springs, FL 33065
The ι eisy <u>Τ</u> α	pledo
The r Seisy <u>To</u> 900 N <u>.</u> —	University Drive, Suite 17, Coral Springs, Ft, 33065
The rise is 10 miles.	University Drive, Suite 17, Coral Springs, FL 33065 CICLE VI INCORPORATOR: The name and address of the Incorporator is:

Date

Required Signatures:

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this cartificate.
corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to not in the above stated
appointment as registered agent and agree to act in this capacity
- gree to det in this capacity
\mathcal{A}
appointment as registered agent and agree to act in this capacity

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.

> 05/08/2(123 Incorporator