

P23000043603

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

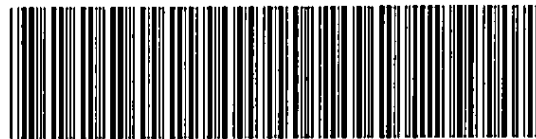
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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CLERK OF DISTRICT COURT  
TALLAHASSEE, FLORIDA

JUN 8 9:13

JUN 8 2023

15

**CORPORATE  
ACCESS,  
INC.**

*When you need ACCESS to the world*

236 East 6th Avenue, Tallahassee, Florida 32303  
P.O. Box 37066 (32315-7066) - (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

**WALK IN**

**PICK UP:** MISTY 6/7

**CERTIFIED COPY**

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**INC**

**1. FULL CIRCLE USA INC**

(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)

**ARTICLE I NAME**

The name of the corporation shall be: FULL CIRCLE USA INC

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

23084 LERMITAGE CIRCLE

23084 LERMITAGE CIRCLE

BOCA RATON, FL 33433

BOCA RATON, FL 33433

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Any lawful purpose

**ARTICLE IV SHARES**

The number of shares of stock is: 200

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: DIVYANK PATEL - President

Name and Title: MICHAEL F SAVAGE - VP

Address 23084 LERMITAGE CIRCLE

Address: 23084 LERMITAGE CIRCLE

BOCA RATON, FL 33433

BOCA RATON, FL 33433

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_  
Address \_\_\_\_\_ Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: DIVYANK PATEL  
Address: 23084 LERMITAGE CIRCLE  
BOCA RATON, FL 33433

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: DIVYANK PATEL  
Address: 23084 LERMITAGE CIRCLE  
BOCA RATON, FL 33433

**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*

*Divyank Patel*  
Required Signature/Registered Agent

06/07/2023

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 s.817.155, F.S.*

*Divyank Patel*  
Required Signature/Incorporator

06/07/2023

Date

2023 JUN 8 11:00 AM  
FILED  
CLERK OF THE COURT  
TALLAHASSEE, FLORIDA