## 3000049

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## **CT CORP**

## (850)656-4724 3458 Lakeshore Drive, Tallahassee, FL 32312

06/30/2023

Da	ate:	06/30/2023	4: DW	
		Acc#I20160000072	- 4: () - V	
Name:	Jody Richard	ds,Inc.		
Document #:		· · · · · · · · · · · · · · · · · · ·		
Order #:	15013171			
Certified Copy of Arts & Amend: Plain Copy: Certificate of Good Standing: Certified Copy of  Apostille/Notarial Certification:		Country of Destination: Number of Certs:		
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Thank you!



June 30, 2023

CT CORP

SUBJECT: JODY RICHARDS, INC.

Ref. Number: W23000090980

CORRECTED Please Allow For Same File Date

We have received your document for JODY RICHARDS, INC.. However, the document has not been filed and is being returned for the following:

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Karen Lovelace Regulatory Specialist II

Letter Number: 023A00014821

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

	E Jody Richards, Inc.		<del></del>
809 Mentor Ave illoughby, OH 4409	Principal street address		Mailing address, if different is:
ETICLE III PURI e purpose for which	POSE any and the corporation is organized is:	d all lawful business.	
TICLE IV SHAD			
e number of shares of	of stock is:		
	of stock is:	<u> </u>	
TICLE V INITI	of stock is:	Name and Title	Sid Srivastava, Dir & Sec
TICLE V INITI	of stock is:		Sid Srivastava, Dir & Sec 38809 Mentor Ave
TICLE V INITI	of stock is:  I.AI. OFFICERS AND/OR DIRECTORS  Ile:  Ile:	Name and Title	
Name and Tit Address	I.A.I. OFFICERS AND/OR DIRECTORS tle: Jody Richards, Dir., Pres., Treas. 38809 Mentor Ave Willoughby, OH 44094	Name and Title Address:	38809 Mentor Ave Willoughby, OH 44094
TICLE V INITI	I.A.I. OFFICERS AND/OR DIRECTORS tle: Jody Richards, Dir., Pres., Treas. 38809 Mentor Ave Willoughby, OH 44094	Name and Title Address: Name and Title	38809 Mentor Ave Willoughby, OH 44094
Name and Tit  Address  Name and Tit	Jody Richards, Dir., Pres., Treas.  38809 Mentor Ave  Willoughby, OH 44094	Name and Title Address: Name and Title Name and Title Address:	38809 Mentor Ave Willoughby, OH 44094
Name and Tit Address Name and Titl Address	IAL OFFICERS AND/OR DIRECTORS  Ide: Jody Richards, Dir., Pres., Treas.  38809 Mentor Ave  Willoughby, OH 44094	Name and Title Address: Name and Title Name and Title Address:	Willoughby, OH 44094  SEURE ARY  ALL ARY

Name a	and Title:	Name and Title:
Addres	ss	Address:
	REGISTERED AGENT	
	Florida street address (P.O. Box NOT acceptab Susan M. Richards	le) of the registered agent is:
Name:	1047 Royal Troon	<del></del>
Address:	Tarpon Springs, FL 34688	
		<del></del>
<u>ARTICLE VII</u>	INCORPORATOR	
The <u>name and a</u>	address of the Incorporator is:	
Name:	Jody Richards	
Address:	38809 Mentor Ave	
	Willoughby, OH 44094	. <u>.                                   </u>
Effective date, if an effective filing.)  Note: If the da		cannot be more than five days prior or 90 days after the
Having been na certificate, I am By: /	nmed as registered agent to accept service of processing familiar with and accept the appointment as refusar Notice that the appointment as refusar Notice that the second service of processing the service of t	cess for the above stated corporation at the place designated in this gistered agent and agree to act in this capacity 6/28/23
	Richards Required Signature/Registered Agent	Date
I submit this de document to the	ocument and affirm that the facts stated hereing Department of State constitutes a third degree	vare true. I am aware that the false information submitted in a felony as provided for in s.817.155, F.S.
	1	6/28/23
Required Signa	ture/Incorporator Jody Richards	Date Date

• • •