## Pa300051288

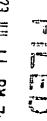
| (                       | (Requestor's Name)       |        |
|-------------------------|--------------------------|--------|
|                         |                          |        |
| 1                       | (Address)                |        |
|                         |                          |        |
|                         |                          |        |
|                         | (Address)                |        |
|                         |                          |        |
|                         | (City/State/Zip/Phone #) |        |
|                         |                          |        |
| PICK-UP                 | ☐ WAIT                   | MAIL   |
|                         |                          |        |
|                         | (Business Entity Name)   |        |
|                         | · • • • •                |        |
|                         |                          |        |
| 1                       | (Document Number)        |        |
|                         |                          |        |
| Certified Copies        | _ Certificates of        | Status |
|                         |                          |        |
|                         |                          |        |
| Special Instructions to | Filing Officer:          |        |
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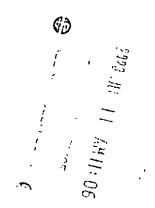
Office Use Only

000411829730

SECRETARY OF STALLARIASSEE.

2023 JUL 11 PM 7: C





## Sunshine State Corporate Compliance Company

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

| DATE 07/11/2023        | -                                   |  | **WALK IN*             |
|------------------------|-------------------------------------|--|------------------------|
| ENTITY NAME Broadw     | ay Bookkeeping Inc.                 |  |                        |
| DOCUMENT NUMBER_       |                                     |  |                        |
|                        | **PLEASE FILE THE ATTAC             | PHED AND RETURN  | **                     |
| xxxxx                  | Plain Copy                          |  |                        |
|                        | Certified Copy                      |  |                        |
| <del></del> -          | Certificate of Status               |  |                        |
| *                      | PLEASE OBTAIN THE FOLLOWING         | G FOR THE ABOVE  | ENT/TY**               |
|                        | Certified Copy of Arts & Amendme    | ents   |                        |
|                        | Certified Copy of Arts & Amendme    | ents Complete File (Inco                               | lading Annual Reports) |
| ·                      | Certificate of Status               |  |                        |
|                        | Certificate of Status Reflecting: _ |  |                        |
|                        | **APOSTILLE' / NOTARIA              | AL CERTIFICATION                                       | y**                    |
| COUNTRY OF DESTINAT    | TON                                 |  |                        |
| NUMBER OF CERTIFICAT   | TES REQUESTED                       |  |                        |
| TOTAL OWED \$ 70       | e above number for any issue        | ACCOUNT # 120140<br>United Corporate<br>Services, Inc. | 0000108 Keithfleman    |
| Please call Tina at th | e above number for any issue        | s or concerns. T                                       | Thank you so much!     |

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

| TICLE II PRINCIPAL                                 |                                      |  |                                    |
|--|--------------------------------------|--|------------------------------------|
| FIRC<br>Story Code Disease See Codes               | ipal street address                  | Ма   | ulling address, if different is:   |
| 703 Early Riser Ave, Suite<br>nd O Lakes, FL 34638 | #230                                 |  |                                    |
|  |                                      |  |                                    |
| TICLE III DUBBACE                                  |                                      |  | -                                  |
| TICLE III PURPOSE  e purpose for which the col     | rporation is organized is: to engage | e in any lawful act or acti                          | vity for which corporations may be |
|  | organized                            | under the corporation l                              | aws of the State of Florida.       |
|  |                                      | 1              |                                    |
|  |                                      |  |                                    |
|  |                                      |  |                                    |
|  |                                      |  | <del></del>                        |
|  |                                      |  |                                    |
|  |                                      |  |                                    |
|  |                                      | ·  |                                    |
|  |                                      |  |                                    |
| RTICLE IV SHARES e number of shares of stock       | is: 200 NPV                          |  |                                    |
| e number of states of stock                        | 401                                  |  |                                    |
| RTICLE V INITIAL OF                                | FFICERS AND/OR DIRECTORS             |  |                                    |
| Name and Title:                                    | Heather Allen, President             | Name and Title:                                      |                                    |
| Address  | 3932 Wisdom Trail,                   | Address:   |                                    |
|  |                                      | <del></del>  |                                    |
|  | Land O Lakes, FL                     |  |                                    |
| <del></del>  | Land O Lakes, FL<br>34638            |  |                                    |
| Name and Title:                                    |                                      |  |                                    |
|  | 34638                                | Name and Title:                                      |                                    |
|  | 34638                                | Name and Title:                                      |                                    |
|  | 34638                                | Name and Title:Address:                              |                                    |
| Address  | 34638                                | Name and Title: Address:                             |                                    |
| Address  | 34638                                | Name and Title: Address:                             |                                    |
| Address  | 34638                                | Name and Title: Address:                             | 2023 JUI<br>SECRE<br>TALL          |
| Address  Name and Title:                           | 34638                                | Name and Title: Address: Name and Title:             | 2023<br>SEC<br>Tr                  |
| Address  Name and Title:                           | 34638                                | Name and Title:  Address:  Name and Title:  Address: | SECRETARY                          |
| Address  Name and Title:                           | 34638                                | Name and Title:  Address:  Name and Title:  Address: | 2023 JUL 11<br>SECRETAK            |

| Name and                                | Title:  | Name and Title:  | _  |
|---|---|--|--|
| Address                                 |   | Address:   | _  |
|   |   |  | _  |
|   |   |  | _  |
|   |   |  |  |
|   | EGISTERED AGENT<br>rida street address (P.O. Box NOT accepta                                | ble) of the registered agent is:   |  |
| Name:                                   | Heather Allen   |  |  |
| Address:                                | 3932 Wisdom Trail   |  |  |
|   | Land O Lakes, FL 34638  |  |  |
|   |   |  |  |
| <u>ARTICLE VII - II</u>                 |   |  |  |
|   | ress of the Incorporator is:  |  |  |
| Name:                                   | Heather Allen   | <del></del>  |  |
| Address:                                | 3932 Wisdom Trail   | <del></del>  |  |
|   | Land O Lakes, FL 34638  |  |  |
| ARTICLE VIII - E                        | EFFECTIVE DATE:   |  |  |
| Effective date, if of                   | ther than the date of filing:   | (OPTIONAL) cannot be more than five days prior or 90 days after the  |  |
|   | nserted in this block does not meet the applective date on the Department of State's rec    | icable statutory filing requirements, this date will not be listed cords.  | as   |
| **                                      | •   | ocess for the above stated corporation at the place designated in<br>egistered agent and agree to act in this capacity | this   |
| s/: Heather Alle                        | en <u>Heather Allen</u><br>Required Signature/Registered Ager                               | 6/28/23  |  |
|   | Required Signature/Registered Ager  | nt Date  | _  |
|   | ment and affirm that the facts stated herei<br>partment of State constitutes a third degree | in are true. I am aware that the false information submitted to felony as provided for in s.817.155, F.S.              | in a   |
| s/: Heather Allen<br>Required Signature | Heather Allen   | Date 6/28/23   | _  |
| Required Signature                      | o the corporator  | ECR TAL  | المائند                                      |
|   |   |  | 1000000<br>TOPO00000000000000000000000000000 |
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|   |   | लेनी 🍱   |  |
|   |   | 7: 03<br>5. FL<br>E. FL  | _ <del>-</del> -                             |
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