

A 23 2000 58215

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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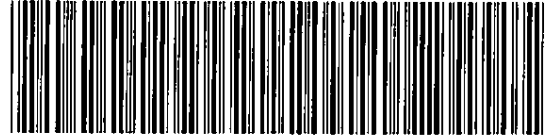
(Business Entity Name)

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3458 Lakeshore Drive,
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Date: 08/08/2023

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| | |
|-------------|---------------------------|
| Name: | Witch City Investco, Inc. |
| Document #: | |
| Order #: | 15066731 |

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|-----------------------------------|--------------------------|-------------------------|--|
| Certified Copy of Arts & Amend: | <input type="checkbox"/> | | |
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Amount: \$ **78.75**

Thank you!

COVER LETTER

Department of State
New Filing Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SUBJECT: Witch City Investco, Inc.
(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: Jared D. Berklee - Paralegal - Ice Miller LLP
Name (Printed or typed)

1500 Broadway, Suite 2900
Address

New York, NY 10036
City, State & Zip

(212) 824-4975
Daytime Telephone number

Jared.Berklee@icemiller.com
E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

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: Witch City Investco, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal **street** address

Mailing address, if different is:

39 NE Lofting Way, Stuart, FL 34996

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To buy and hold equity interests

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: John Feenan - President Name and Title: John Feenan - Secretary

Address: 39 NE Lofting Way, Stuart, FL 34996 Address: 39 NE Lofting Way, Stuart, FL 34996

Name and Title: John Feenan - Treasurer Name and Title: John Feenan - Director

Address: 39 NE Lofting Way, Stuart, FL 34996 Address: 39 NE Lofting Way, Stuart, FL 34996

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

2025 APR 10 PM 4:04

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: John Feenan
Address: 39 NE Lofting Way, Stuart, FL 34996

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: John Feenan
Address: 39 NE Lofting Way, Stuart, FL 34996

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

DocuSigned by: John Feenan 8/7/2023
43f590c89362467 Required Signature/Registered Agent 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.

DocuSigned by: John Feenan 8/7/2023
Required Signature/Incorporator Date

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