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	(Requestor's Name)
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	(City/State/Zip/Phone #)
PICK-UP	☐ WAIT ☐ MAIL
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	(Business Entity Name)
	(Document Number)
A 17 1A 1	0.45.
Certified Copies	Certificates of Status
Special Instructions to	Filing Officer:





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## ACCESS, \_\_\_\_

### CORPORATE When you need ACCESS to the world

INC.

236 East 6th Avenue. Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

#### WAIKIN

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	PICI	K UP:	BROOK 8/9
	CERTIFIED COPY		
XX	РНОТОСОРУ		
XX	CUS	GS	
XX	FILING	INC	2
	DRAFT ELITE INC (CORPORATE NAME AND DOC	UMENT #)	
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#### **COVER LETTER**

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

SUBJECT: Draft I	Elite Inc		
<del></del>	(PROPOSED CORPOR	ATE NAME – MUST INCL	UDE SUFFIX)
Enclosed are an orig	ginal and one (1) copy of the ar	ticles of incorporation and	l a check for:
□ \$70.00 Filing Fee	1 \$78.75 Filing Fee & Certificate of Status	☐ \$78.75 Filing Fee & Certified Copy  ADDITIONAL CO	& Certificate of Status
FROM:	Ashley Kintz	e (Printed or typed)	
605	5 Geddes Street	- 75-47	
		Address	

Wilmington, DE 19805

302-798-6015

beth@ready2inc.com

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

City, State & Zip

Daytime Telephone number

E-mail address: (to be used for future annual report notification)

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

TLE IV SHARES more of which the corporation is organized is: Marketing consulting services  TLE IV SHARES more of shares of stock is: 100  TLE V INITIAL OFFICERS AND/OR DIRECTORS  Name and Title: Rory McLeod, President  Address  20 N Orange Ave, Suite 11000  Orlando, FL 32801  Name and Title: Name and		MCID AL APPROP		
In FL 32801    CLE III PURPOSE   Prose for which the corporation is organized is:   Marketing consulting services		Principal street address		Mailing address, if different is:
TLE IV SHARES mber of shares of stock is: 100  TLE V INITIAL OFFICERS AND/OR DIRECTORS  Name and Title: Rory McLeod, President  Address 20 N Orange Ave, Suite 11000  Orlando, FL 32801  Name and Title: Name and Title: Address  Address Address  Name and Title: Name and Title: Address  Address Address  Name and Title: Address: Address:	<u> 2range Ave, S</u> 3o. FL 32801	uite_11000		<del>_</del> .
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Name a	nd Title:	Name and Title:	
Addres	·s	Address:	
	REGISTERED AGENT		
The <u>name</u> and I	Florida street address (P.O. Box NOT accept	able) of the registered agent is:	
Name:	Rory McLeod		
Address:	20 N Orange Ave, Suite 11000		
	Orlando, FL 32801		
APTICLE VII	<u>INCORPORATOR</u>		
The <u>name and a</u>	ddress of the Incorporator is:		
Name:	Ashley Kintz		
Address:	605 Geddes Street		
	Wilmington, DE 19805		
Effective date, it	EFFECTIVE DATE: f other than the date of filing:	. (OPTIONAL)	
(If an effective filing.)	date is listed, the date must be specific and	cannot be more than five days prio	er or 90 days after the
Note: If the date the document's of	e inserted in this block does not meet the app effective date on the Department of State's re	licable statutory filing requirements, t cords.	his date will not be listed as
Having been nat certificate, I am	ned as registered agent to accept service of profamiliar with analytic cept the appointment as r	ocess for the above stated corporation egistered agent and agree to act in thi	at the place designated in thi s capacity
	TUP 1 dos		08/09/2023
	Required Signature/Registered Age	nt	Date
I submit this do document to the	whent and affirm that the facts stated here Department of State constitutes a third degree	in are true. I am aware that the false e felony as provided for in s.817.155, I	e information submitted in a
col_			08/09/2023
Required Signati	ure/Incorporator	Date	

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