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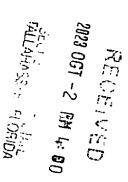
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





000414169000

10/03/23--01002--002 **87.50



COVER LETTER

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

SUBJECT:	Florida Bus	iness Now Inc.	UDF SUEFIX)
Enclosed are an orig		ne articles of incorporation an	
□ \$70.00 Filing Fee	□ \$78.75 Filing Fee & Certificate of Status	☐ \$78.75 Filing Fee & Certified Copy ADDITIONAL CO	S87.50 Filing Fee, Certified Copy & Certificate of Status DPY REQUIRED

FROM:	Foxworth Enterprises Inc. Name (Printed or typed)
	Name (Printed or typed)
-	1800 Pembrook Dr. STE 300
-	Orlando, FL 32810 City, State & Zip
	City, State & Zip
_	(407) 606-6895 Daytime Telephone number
	Daytime Telephone number
_	into p foxworthenterprises inc. Com E-mail address: (to be used for future annual report notification)
	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)

CLE II PR		siness Nou	
	INCIPAL OFFICE Principal street address		
00 Pembru TE 300	Principal <u>street</u> address		Mailing address, if different is:
,	L 32810		
ICLE III PUI ourpose for which	RPOSE ch the corporation is organized is:	duct Busin	<i>₹55</i>
			
· · · · ·			
		 -	
			
CLE V INT	TAL OFFICERS ANN/OR DIRECTORS		
	<u>rial officers and/or directors</u> itle: Defaul Foxworth Director	<u>)⊬</u> Name and Title:	
Name and T	ille: DePaul Foxworth Directo 1800 Pembrosk Dr STE 300		
Name and T	1800 Pembrosk Dr		
Name and T Address	1800 Pembrosk Dr STE 300 Orlando, FL 32810	Address:	
Name and T Address Name and Tit	1800 Pembrosk Dr STE 300 Orlando, FL 32810	Address:	
Name and T Address	1800 Pembrosk Dr STE 300 Orlando, FL 32810	Address: Name and Title:	
Name and T Address Name and Tit	ille: Defaul Foxworth Directo 1800 Pembrosk Dr STE 300 Orlando, FL 32810	Address: Name and Title:	
Name and T Address Name and Tit	ille: Defaul Foxworth Directo 1800 Pembrosk Dr STE 300 Orlando, FL 32810	Address: Name and Title:	
Name and T Address Name and Tit Address	ille: Defaul Foxworth Director 1800 Pembrosk Dr STE 300 Orlando, FL 32810	Address: Name and Title: Address:	
Name and T Address Name and Tit Address	ille: De Paul Foxworth Director 1800 Pembrosk Dr STE 300 Orlando, FL 32810 le:	Address: Name and Title: Address: Name and Title:	
Name and T Address Name and Tit Address	ille: Defaul Foxworth Director 1800 Pembrosk Dr STE 300 Orlando, FL 32810	Address: Name and Title: Address: Name and Title:	
Name and T Address Name and Tit Address	ille: De Paul Foxworth Director 1800 Pembrosk Dr STE 300 Orlando, FL 32810 le:	Address: Name and Title: Address: Name and Title:	

Name and Title:	Name and Title:
Address	Address:
ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box M.)	SOT acceptable) of the registered agent is:
Name: DePaul Foxwort	
Address: 1800 Pembrook C	
Orlando, FL 3a	810
ARTICLE VII INCORPORATOR	
The <u>name and address</u> of the Incorporator is:	
Name: DePoul Foxwo	
Address: 1800 Pembrok	
Orlando, FL	<u> </u>
ARTICLE VIII EFFECTIVE DATE: Effective date, if other than the date of filing: (If an effective date is listed, the date must be sifiling.)	(OPTIONAL) pecific and cannot be more than five days prior or 90 days after the
Note: If the date inserted in this block does not me the document's effective date on the Department of	neet the applicable statutory filing requirements, this date will not be listed as of State's records.
Having been named as registered agent to accept so certificate, I am familiar with and accept the appoint	ervice of process for the above stated corporation at the place designated in this intment as registered agent and agree to act in this capacity
Mequired Signature/Reg	istered 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 third degree felony as provided for in s.817.155, F.S.
Marl Fronth Required Signature/Incorporator	10/2/23
required Signature/Incorporator	Date