## P23000086020

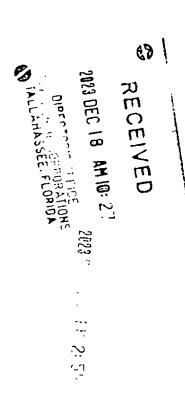
(R	Requestor's Name)			
	Address)			
(/-	address)			
(Address)				
(C	City/State/Zip/Phone #)			
PICK-UP	WAIT	MAIL		
(B	Business Entity Name)			
	Pocument Number)			
,	, ocament ramon,			
Certified Copies	Certificates of	Status		
Special Instructions to Fi	ling Officer:			

Office Use Only



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

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

## **WALK IN**

	PI	CK UP:	BROOK 12/18
XX	CERTIFIED COPY	·	
	PHOTOCOPY GS		
XX	FILING	INC	·
1.	PALS MANAGEMEN (CORPORATE NAME AND D		
2.			
	(CORPORATE NAME AND D	OCUMENT #)	
3.	(CORPORATE NAME AND D	OCUMENT #)	
<b>1</b> .	(CORPORATE NAME AND D	OCUMENT #)P	
5.	(CORPORATE NAME AND D	OCUMENT #)	
5.		·	
	(CORPORATE NAME AND D	OCUMENT #)	
SPECIA INSTRU	L CTIONS:		

## ARTICLES OF INCORPORATION

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

nt Company
nt Company
nt Company
<u> </u>
Blicharz/ Directo
Nadmar Ave
aton, FL 33434
····
2)25

Name and Title:		Name and Title:		
Address		Address:		
ARTICLE VI	REGISTERED AGENT			
	orida street address (P.O. Box NOT acceptable) of	the registered agent is:		
Name:	Registered Agents Inc			
Address:	7901 4th St N, Ste. 300			
	St. Petersburg, FL 33702			
ARTICLE VII	INCORPORATOR			
The name and ad	dress of the Incorporator is:			
Name:	Amanda J. Beren			
Address:	31416 Agoura Rd., Ste. 118			
	Westlake Village, CA, 91361			
ARTICLE VIII	EFFECTIVE DATE:			
Effective date, if a (lf an effective date)	other than the date of filing:ate is listed, the date must be specific and cannot			
Note: If the date the document's ef	inserted in this block does not meet the applicable fective date on the Department of State's records.	statutory filing requirement	s, this date will not be listed as	
	ed as registered agent to accept service of process fo imiliar with and accept the appointment as registere			
	David Science		12/15/2023	
	Required Signature/Registered Agent	<del></del>	Date	
I submit this doci	ument and affirm that the facts stated herein are t	rue. I am aware that the fe	alse information submitted in a	
document to the L	Department of State constitutes a third degree felony	as provided for in s.817,152		
Required Signatur	To I pour por a lor		12/15/2023	
redunen Sikiigini	c//iicorporator	Da	ne	
			2023	

7. 2: 5 2: 5