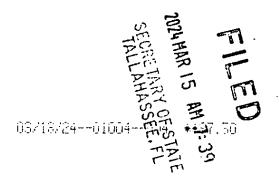
## P2400018579

(Requestor's Name)
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PICK-UP WAIT MAIL
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(Document Number)
Certified Copies Certificates of Status
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## **COVER LETTER**

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

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

□ \$70.00 □ \$78.75  Filing Fee Filing Fee & Certificate of Status	□ \$78.75 Filing Fee & Certified Copy  ADDITIONAL CO	& Certificate of Status	
FROM: Remett F	* *	<del></del>	
5854 Rengul	t Dr. West		
Jackson Ville, City,	F1 322 State & Zip	44	
904-832-4 Daytime Te			<b>2024 H</b> Server
Durnetteford ( E-mail address: (to be used	of future annual report n	(n - 1	ZOZUHAR 15 A
NOTE: Please provide the or	iginal and one copy of	the articles.	ED 7:39

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

ARTICLE I NAME The name of the corpora	tion shall be: Ford A	Pinting >	Other	Thing	5 Inc
ARTICLE II PRINC		J	Mailing address, if different is:		
	ray(FDrW) 1e, FL 3224	- - *			
ARTICLE III PURPO The purpose for which t	<u>OSE</u> he corporation is organized is:	Fur	Any 4	911 645	mes
ARTICLE IV SHAR. The number of shares of  ARTICLE V INITIA		ORS			
	SISH Renault Or.	ω Addre	ss:	s AC	2024
	Jacksonville, F	<del></del>	<i></i>	RETARY (	
Name and Title: Address	VP-Anell For SQSY Renault D Sacksonsille, F	け、い Addre	ss:	OF STATE	# _ [] 7: 9: 
Name and Title:		Name :	and Title:		<del></del>
Address		Addre			

Name and "	Title: Name and Title:
Address	Address:
ARTICLE VI RE	GISTERED AGENT
Name:	ida street address (P.O. Box NOT acceptable) of the registered agent is:  Sernette For al
Address:	5854 Remark DV. W
-	Bernette Ford 5854 Remainst DV, W Jacksonville, FL 32244
ARTICLE VII IN	'CORPORATOR
The name and addi	ress of the Incorporator is:
Name:	Bernett Ford 5954 Renault Or, W. Jacksonv: 1/2 FL 32244
Address:	5854 Renault Or, W.
	Jacksonv:112 FL 32244
ARTICLE VIII E Effective date, if oth (If an effective dat filing.)	rer than the date of filing: 3 - 15 - 2024. (OPTIONAL)  e is listed, the date must be specific and cannot be more than five days prior or 90 days after the
the decument's offe	serted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ctive date on the Department of State's records.
Having been named certificate, I am fan	as registered agent to accept service of process for the above stated corporation at the place designated in this ciliar with and accept the appointment as registered agent and agree to act in this capacity
	Required Signature/Registered Agent
I submit this docum	ent and affirm that the facts stated herein are true. I am aware that the false information submitted in
document to the Dep	partment of State constitutes a third degree felony as provided for in s.817.155, F.S.
Required Signature	$\mathcal{A}(\mathcal{A}) = \mathcal{A}(\mathcal{A})$