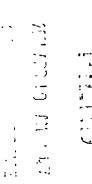
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(Requestor's Name)
(Address)
(Address)
(was say,
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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Special Instructions to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





800424014328





CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 + Tallahassee, Florida 32301 (850) 224-8870 + 1-800-342-8062 + Fax (850) 222-1222

the Bulger's Printing's Thomasine GA Atto.

AD INFINITUM	SWAG INC	
Please Debit FCA	000000003 For: 70	
Thank you Seth N	leelev	
1-4-		X Ait of Inc. File
		
		LTD Partnership File
		Foreign Corp. File
		L.C. File
		Fictitious Name File
		Trade/Service Mark
		Merger File
		Art, of Amend, File
		RA Resignation
		Dissolution / Withdrawal
		Annual Report / Reinstatement
		Cert. Copy
		Photo Copy
		Certificate of Good Standing
		Certificate of Status 3
		Certificate of Fictitious Name
		Corp Record Search
/ /		Officer Search 3
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Walk-In	Will Pick Lin	Contier

COVER LETTER

AND THE CONTROL WASHINGTON AND ADDRESS. THE MARKET WASHINGTON AND ADDRESS.

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

SUBJECT: AD INFINITUM S	WAG INC		
(PROPOSED CORPORAT	E NAME – MUST INCLUDE SUFFIX)		
Enclosed are an original and one (1) copy of the artic	cles of incorporation and a check for:		
Filing Fee Filing Fee & Certificate of Status	☐ \$78.75 ☐ \$87.50 Filing Fee Filing Fee, & Certified Copy & Certificate of Status		
ADDITIONAL COPY REQUIRED			
FROM: CHAIM JAROS Name	LAW; CZ (Printed or typed)		
A HTWMAA/ 0105	Address		
BOCA PLATON FL	33434 State & Zip		
917 8635973 Daytime To	elephone number		
	GHA: L. G. M. If for future annual report notification)		

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

ARTICLES OF INCORPORATION

The state of the s

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

The name of the corporation shall be: A TN F			
Principal street address Mailing address, if diffe		,	
2010 JARMOUTH A	200 20	DID YAY	MOUTH /
BOCA RATION PL 33434	BUCA RA	TON PR	33434
ARTICLE III PURPOSE The purpose for which the corporation is organized is:			
TO SELL WHOLES			
To section to the cestion	300) 00 M (P		
			
	<u> </u>		<u></u>
			<u> </u>
ARTICLE IV SHARES The number of shares of stock is: DD DD DD DD DD DD DD			
Name and Title: CHAM JAMOSAU	TORS (MS)DENT Name and Title:		
Name and Title: CHAM JAMOSAU	TORS (MS)DENT Name and Title:		
The number of shares of stock is: VV VV VV VV VV VV VV	TORS (MS)DENT Name and Title:		
Name and Title: CHAM JAMOUTH Address 2010 HARMOUTH BOUL RATON FL	FORS Questible NT Sill Name and Title: A Address: 33434		
Name and Title: CHAM JAMOSAU	FORS Questible NT Sill Name and Title: A Address: 33434		
Name and Title: CHAM JAMOUTH Address 2010 HARMOUTH BOUL RATON FL	Name and Title:		
Name and Title: South RATION FL	Name and Title:		
Name and Title: South RATION FL	Name and Title:		
Name and Title: Name and Title:	Name and Title: Name and Title: Name and Title: Name and Title: Address: Name and Title: Address: Name and Title: Name and Title		
Name and Title: South RATION FL	Name and Title: Name and Title: _		

Name and	Fitle: Name and Title:
Address	Address:
ARTICLE VI R	EGISTERED AGENT
	rida street address (P.O. Box NOT acceptable) of the registered agent is:
Name: (Eltain JANUSLAWICZ
Address:	Zulo YARMONTH A-
(Zolo YARMOUTH A ZOCA RATON FL 33434
ARTICLE VII I	NCORPORATOR
The name and add	Iress of the Incorporator is:
Name:	DAURD SUSS
Address:	3777 INDEPENDENCE AVE 3L
	Bront N/ 10463
Effective date, if o	EFFECTIVE DATE: ther than the date of filing:
Note: If the date in the document's ef	inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as fective date on the Department of State's records.
Having been name certificate, I am fa	ed as registered agent to accept service of process for the above stated corporation at the place designated in this miliar with and accept the appointment as registered agent and agree to act in this capacity
chrim	ranslaving 4/10/24:
	Required Signature/Registered Agent Date
	ment and affirm that the facts stated herein are true. I am aware that the false information submitted in a
document to the D	epartment of State constitutes a third degree felony as provided for in s.817.155, F.S.
Havid	Just 4/10/24'
Required Signatur	e/Incorporator Date