Lexitas

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : RASI

Account Number : I20220000023

Phone : (800)221-2972

Fax Number

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FLORIDA PROFIT/NON PROFIT CORPORATION

Drew's Installs Inc.

| Certificate of Status | 0 |
|-----------------------|---------|
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Electronic Filing Menu

Corporate Filing Menu

Help

To:

ARTICLES OF INCORPORATION

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

| Sandy Creek Dri | VCIPAL OFFICE Principal street address | Mailing address, if differen 631 Sandy Creek Drive |
|---|--|---|
| andon, FL 33511 | | Brandon, F1, 33511 |
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| TCLE III PUR | POSE to en | gage in any lawful act or activity for |
| | ay be organized. | |
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| Name a | nd Title: | Name and Title: |
|-----------------------------------|---|--|
| Addres | s | Address: |
| | | |
| | | |
| | | |
| | REGISTERED AGENT | |
| The <u>name and I</u> Name: | Clorida street address (P.O. Box NOT accept Andrew Santilli | able) of the registered agent is: |
| Address: | 631 Sandy Creek Drive | |
| | Brandon, FL 33511 | |
| ARTICI E VII | INCORPORATOR | |
| | ddress of the Incorporator is: | |
| Name: | Andrew Santilli | |
| Address: | 631 Sandy Creek Drive | |
| , ((0, 0, 5) | Brandon, FL 33511 | |
| ARTICLE VIII | EFFECTIVE DATE: | |
| Effective date, i | fother than the date of filing: | |
| (If an effective days after the f | | cannot be more than five business days prior or 90 business |
| | | icable statutory filing requirements, this date will not be listed as |
| the document's | effective date on the Department of State's re- | zords. |
| | | or cosss for the above statal corporation at the place designatal in tasregistered agentand agreeto actin this capacity |
| | 1 1 1 1 1 1 | 5/22 |
| | Required Signature/Registered Age | nt Date |
| | ncument and affirm that the facts stated here Department of State constitutes a third degree | in are true. I am aware that the false information submittal in a selection α |
| | Asso Asso | J-12: 70 |
| Requ | ired Signature/Incorporator | Date |