

**P24000040506**

Florida Department of State  
Division of Corporations  
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**To:**

Division of Corporations  
Fax Number : (850)617-6381

**From:**

Account Name : PRI OCEAN AMERICAN GROUP LLC  
Account Number : I20230000080  
Phone : (813)333-1296  
Fax Number : (813)515-5274

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: HATCH, NURTURE @ gmail. com

**FLORIDA PROFIT/NON PROFIT CORPORATION  
HATCH & NURTURE COMPANY**

Certificate of Status	1
Certified Copy	1
Page Count	01
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2024 JUN 13 PM 4:57

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**ARTICLES OF INCORPORATION**

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

**ARTICLE I NAME**The name of the corporation shall be: HATCH & NURTURE COMPANY**ARTICLE II PRINCIPAL OFFICE**Principal street address3821 BENERAID STLAND O LAKES, FL 34638

Mailing address, if different is:

3821 BENERAID STLAND O LAKES, FL 34638**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: TO CONDUCT ANY AND ALL LAWFUL BUSINESSPERMITTED UNDER THE UNITED STATES LAW AND THE STATE OF FLORIDA WITH THE INTET TO PROFIT**ARTICLE IV SHARES**The number of shares of stock is: THOUSAND SHARES AT A \$1.00**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: NELLY ESCOBAR "PRESIDENT"

Name and Title: \_\_\_\_\_

Address 3821 BENERAID ST

Address: \_\_\_\_\_

LAND O LAKES, FL 34638Name and Title: ARLEX ESCOBAR "VICE-PRESIDENT" Name and Title: \_\_\_\_\_Address 3821 BENERAID ST

Address: \_\_\_\_\_

LAND O LAKES, FL 34638

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_

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Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

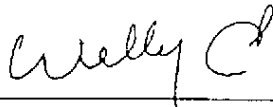
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**ARTICLE VI REGISTERED AGENT**The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:Name: NELLY ESCOBARAddress: 3821 BENERAID STLAND O LAKES, FL 34638**ARTICLE VII INCORPORATOR**The name and address of the Incorporator is:Name: NELLY ESCOBARAddress: 3821 BENERAID STLAND O LAKES, FL 34638**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*

Required Signature/Registered Agent

06/12/2024

Date

*I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.*

Required Signature/Incorporator

06/12/2024

Date