## P24000042536

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

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115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: I20000000088 If there are any issues please contact Patrice at 850-202-9071

Date:06/21/2	.024		
Name: <b>Pat</b>	rice Rush	_	
Reference #:		_	
		SSOCIATES (FL), INC.	 _
Articles of Inco	rporation/Authorization nt	to Transact Business	16 1.11 9006
Reinstatement			
Conversion			
Merger			
☐ Dissolution/Wit	hdrawal		
Fictitious Name	2		
Other			 
Authorized Amount:	\$70.00 Pall		

F: +852.2682.9790



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Account#: I20000000088
If there are any issues please contact Patrice at 850-202-9071

Date: C	06/21/2024		
Name:	Patrice Rush	_	
Reference #:_	2411748		
		ASSOCIATES (FL), INC.	
<ul><li>✓ Articles</li><li>✓ Amend</li></ul>	of Incorporation/Authorization	n to Transact Business	
Change	e of Agent		
☐ Reinsta	atement		L'1 :0 1.1 121.111 14.05
Conver Conver	rsion		11.151
☐ Merger		· ·	
☐ Dissolu	ition/Withdrawal		
Fictitiou	us Name	, ,	7
Other_			
Authorized An	nount: \$70.00		

F: +852.2682.9790

## **COVER LETTER**

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

SUBJECT:		Associates (FL), Inc. TE NAME - MUST INCL	UDE SUFFIX)	<del></del>
Enclosed are an orig	inal and one (1) copy of the art			
₹70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	T \$78.75 Filing Fee & Certified Copy  ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status	1) hav?
	Sullivan	& Worcaster L.) D		14:51 J. 13:41 12:12
FROM:	Name (Printed or typed)  One Post Office Square			7 0: 1.7
		Address		
	Bosto	on, MA 02109		
	·	, State & Zip		
	`	2) 660-3010 Felephone number		
	mhaddoc	ck@jwchilds.com		
	E-mail address: (to be use	ed for future annual report	notification)	

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

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

ARTICLE I NAME  The name of the corporati	on shall be:	J.W. Childs Associates (FL), Inc.	
ARTICLE II PRINC		Mailing address, if different is:	
Vero Beac	h, FL 32963-3702		
ARTICLE III PURPO	SE ne corporation is organized is:	Any and all lawful busines	
ARTICLE IV SHARI The number of shares of			Lito Lid 12 Lilling
	AL OFFICERS AND/OR DIRECTO		
Name and Title Address	: John W. Childs - President, Treesure : 165 Sago Palm Road		
	Vero Beach, FL 32963-37	02	
Name and Title		Name and Title:	
Address		Address:	
Name and Title	::	Name and Title:	
Address		Address:	· · · · · · · · · · · · · · · · · · ·

Name and Tit	le:	Name and Title:	
Address		Address:	
		<del> </del>	
ARTICLE VI REG	ISTERED AGENT a street address (P.O. Box NOT acceptable)	of the registered avent is:	
Name:	Corporation Service Company	or the registred agent to	
Address:	1201 Hays Street	<del></del>	
	Tallahessee, FL 32301		
ARTICLE VII INC	ORPORATOR		
	ss of the Incorporator is:		
Name:	John W. Childs		
Address:	165 Sago Palm Road		
	Vero Beach, FL 32963-3702		
			2 = 2
ARTICLE VIII EF	FECTIVE DATE: er than the date of filing:	(OPTIONAL)	
(If an effective date filing.)	is listed, the date must be specific and can	not be more than five days prior	r or 90 days after the
<u> </u>			
	erted in this block does not meet the applicab tive date on the Department of State's record		its date will not be listed as
	as registered agent to accept service of proc		
this certificate, I am	familiar with and accept the appointment as	registered agent and agree to act i	in this capacity
/ /(	my Wien		6/2//2024
	Regulfied Signature/Registered Agent		Date /
	ent and affirm that the facts stated herein a artment of State constitutes a third degree fe		
1/1/4	SC+ 65		6/20/24
/ Required	Signature/Incorporator		' Date '