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

From:
Account Name : RASI
Account Number : 120220000023
Phone : (800)221-2972
Fax Number : (917)243-5843

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

Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION
FTP ENTERPRISE, INC.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$70.00

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

ARTICLE I NAME FTP Enterprise, Inc.
The name of the corporation shall be:

<u>ARTICLE II PRINCIPAL OFFICE</u> Principal <u>Street</u> address	Mailing address, if different is:
3890 SW 20th Ave Apt 1703	3890 SW 20th Ave Apt 1703
Gainesville, FL 32607	Gainesville, FL 32607

ARTICLE III PURPOSE E-Commerce
The purpose for which the corporation is organized is:

ARTICLE IV SHARES 200 shares at 1.00
The number of shares of stock is:

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Wilberton Joseph,	Name and Title: Anna Joseph,
Address 3890 SW 20th Ave Apt 1703	Address: 3890 SW 20th Ave Apt 1703
Gainesville, FL 32607	Gainesville, FL 32607
Name and Title:	Name and Title:
Address:	Address:
Name and Title:	Name and Title:
Address:	Address:

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Name and Title: _____ Name and Title: _____
Address _____ Address: _____

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Wilberton Joseph
Address: 3890 SW 20th Ave Apt 1703
Gainesville, FL 32607

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Wilberton Joseph
Address: 3890 SW 20th Ave Apt 1703
Gainesville, FL 32607

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 business days prior or 90 business 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
8-1-24
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
8-1-24
Date