Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H25000200388 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : RASI 5

Account Number : I2004000031 Phone : (800)906-9220 Fax Number : (800)906-9880

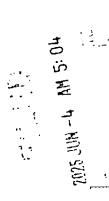
Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:____

FLORIDA PROFIT/NON PROFIT CORPORATION

The Hub Central, Inc.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$70.00



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

LE II PRINC			
Surfside Blvd	Principal <u>street</u> address	Mailing address, if different is: 2960 Surfside Blvd	
pe Coral, FL 33914		Cape Coral, FL 33914	
CLE III PURP(DSE he corporation is organized is:	ge in any lawful act or activity for	
i corporations may			
		7,7,0,0,0	<u> </u>
			
			
CLE IV SHARI			
CLE IV SHARE umber of shares of			
imber of shares of			
imber of shares of	L OFFICERS AND/OR DIRECTORS		
umber of shares of	L OFFICERS AND/OR DIRECTORS	Name and Title:	
umber of shares of CLE V INITIA Name and Title	L OFFICERS AND/OR DIRECTORS Joseph Vollaro- PRESIDENT 2960 Surfside Blvd	Name and Title:	
umber of shares of CLE V INITIA Name and Title	L OFFICERS AND/OR DIRECTORS Joseph Vollaro- PRESIDENT 2960 Surfside Blvd	Name and Title:	
umber of shares of CLE V INITIA Name and Title	L OFFICERS AND/OR DIRECTORS Joseph Vollaro- PRESIDENT 2960 Surfside Blvd	Name and Title:	
umber of shares of CLE V INITIA Name and Title	L OFFICERS AND/OR DIRECTORS Joseph Vollaro- PRESIDENT 2960 Surfside Blvd Cape Coral, FL 33914	Name and Title:	
umber of shares of CLE V INITIA Name and Title Address	L OFFICERS AND/OR DIRECTORS Joseph Vollaro- PRESIDENT 2960 Surfside Blvd Cape Coral, FL 33914	Name and Title: Address: Name and Title:	
number of shares of CLE V INITIA Name and Title Address Name and Title:	L OFFICERS AND/OR DIRECTORS Joseph Vollaro- PRESIDENT 2960 Surfside Blvd Cape Coral, FL 33914	Name and Title: Address: Name and Title:	
number of shares of CLE V INITIA Name and Title Address Name and Title:	L OFFICERS AND/OR DIRECTORS Joseph Vollaro- PRESIDENT 2960 Surfside Blvd Cape Coral, FL 33914	Name and Title: Address: Name and Title: Address:	
number of shares of CLE V INITIA Name and Title Address Name and Title:	L OFFICERS AND/OR DIRECTORS Joseph Vollaro- PRESIDENT 2960 Surfside Blvd Cape Coral, FL 33914	Name and Title: Address: Name and Title: Address:	
Name and Title: Address	L OFFICERS AND/OR DIRECTORS Joseph Vollaro- PRESIDENT 2960 Surfside Blvd Cape Coral, FL 33914	Name and Title: Address: Name and Title: Address:	
Name and Title: Address Name and Title: Address	L OFFICERS AND/OR DIRECTORS Joseph Vollaro- PRESIDENT 2960 Surfside Blvd Cape Coral, FL 33914	Name and Title: Address: Name and Title: Address: Name and Title:	
Name and Title: Address	L OFFICERS AND/OR DIRECTORS Joseph Vollaro- PRESIDENT 2960 Surfside Blvd Cape Coral, FL 33914	Name and Title: Address: Name and Title: Address: Name and Title:	

Name a	nd Title:	Name and Title:	
Addres	·s	Address:	
	REGISTERED AGENT Torida street address (P.O. Box NOT accept	able) of the registered agent is:	
Name:	Joseph Vollaro		
Address:	2960 Surfside Blvd		
	Cape Coral, FL 33914	 _	
ADTRICT IS NOT	NCORDON (TOD		
	INCORPORATOR address of the Incorporator is:		
	Joseph Vollaro		
Name:	2960 Surfside Blvd		
Address:	Cape Coral, FL 33914		
Effective date, it	<u>EFFECTIVE DATE:</u> If other than the date of filing: date is listed, the date must be specific and iling.)		
	e inserted in this block does not meet the app' effective date on the Department of State's re		nents, this date will not be listed as
	med as registered agent to accept service of p am familiar with and accept the appointmen		
/s/ Jo	oseph Vollaro		6/4/25
	Required Signature/Registered Age	nt	Date
	cument and affirm that the facts stated here Department of State constitutes a third degre		
/s/ Jose	ph Vollaro		6/4/25
Requ	ired Signature/Incorporator		Date