P25000048658

FC 8-27-25

(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:

Office Use Only



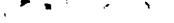
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2025 AUG 27 PN 2: 50

MOBIVED





Incorporating Services, Ltd.

1540 Glenway Drive Tallahassee, FL 32301

850.656.7956 Fax: 850.656.7953 www.incserv.com



ORDER FORM

TO Florida Department of State

FROM

Melissa Moreau

The Centre of Tallahassee

2415 North Monroe Street, Suite 810

Tallahassee, FL 32303

850.656.7953

corphelp@dos.myflorida.com

850-245-6051

REQUEST DATE 8/27/2025

PRIORITY Regular Approval

OUR REF.# (Order ID#), 1404831

ORDER ENTITY :

PLEA	SE F	PERFORM	THE	FOLL	OWING	SERV	ICE:	S:

CTB PHARMA INC. (FL)

Please file the attached articles and provide a certified copy.

RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: 120050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

Please bill us for your services and be sure to include our reference number on the invoice and couner package if applicable. For UCC orders, please include the thru date on the results.

Wednesday, August 27, 2025 Page 1 of 1

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

ARTICLE I NAME	on shall be: CTB Pharma Inc.	
The name of the corporati	on shall be: CFB Flattia IIIC.	
	I <u>PAL OFFICE</u>	
1028 E. Brandon Blvd	Principal <u>street</u> address	Mailing address, if different is:
Brandon, Florida, 33511		
ARTICLE III PURPO	SF.	
	e corporation is organized is: any and	all lawful business.
	18	
ARTICLE IV SHARE	<u>'S</u>	
The number of shares of s	tock is: 200	,
		•
ARTICLE V INITIA	LOFFICERS AND/OR DIRECTORS	1.9
Managard Tida	Edward Bonish Dissays and Procident	Name and Title:
Name and Title:	Edward Hyaich - Director and President	Name and Title:
Address	1028 E. Brandon Blvd	Address:
	Brandon, Florida 33511	
	mandon: 1 kurda 33311	
	-	
A1 1.9951		
Name and Title:		Name and Title:
Address		Address:
•		
		-
•		
Name and Title:		Name and Title:
Address .		Address:

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

Signed by		
Edward Ilyaidu		08/26/2025 5:53 PM EDT
#B25V4KEJ9E04CJ	Required Signature/Registered Agent	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.

Priscilla Escobedo	8/26/2025	
Required Signature/Incorporator	Date	