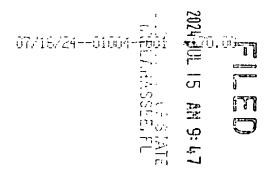
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| (Requ | iestor's Name) | | |
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COVER LETTER

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

| SUBJECT; | ROMAI Elevia (PROPOSED CORPORA | tors Inc tename- <u>mustinci</u> | UDE SUFFIX) | |
|-------------------------|--|--|--|--|
| Enclosed are an orig | ginal and one (1) copy of the art | icles of incorporation and | l a check for: | |
| (D.870.00 Filing Fee | ☐ \$78.75 Filing Fee & Certificate of Status | ☐ \$78.75 Filing Fee & Certified Copy ADDITIONAL CO | S87.50 Filing Fee, Certified Copy & Certificate of Status DPY REQUIRED | |
| FROM: | | -Karris E(Printed or typed) DWERS Ar / | APLISZ MY 9: 47 | |
| | <u>Crland</u> City. | 10, F1 32812 State & Zip | <u> </u> | |
| _ | Daytime T Rumar Eleva E-mail address: (to be use | | mail com | |

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 corporation s | hall be: ROVING | Elevators | Inc |
|---|--|--------------|-------------------------------|
| 3024 N Principal | DOFFICE cipal street address Devs dv 197-152 | Mail | ing address, if different is: |
| Criando Fl | 32818 | | |
| The purpose for which the co | rporation is organized is: | Jusin-255 | |
| | | | |
| | | | |
| | | | 2024 JUL |
| ARTICLE IV SHARES The number of shares of stock | is:SOD | | I SSE |
| ARTICLE V INITIAL O | FFICERS AND/OR DIRECTO | 0 | STATE S.FL |
| Address | SCIZH N POWER | Address: | |
| <u></u> | colonelo fl 32 | | |
| | | | |
| | | | |
| | | | - |
| | | Address: | |
| | | | |

| Name and Title: | Name and Title: | |
|--|--|---------------------------------------|
| Address | Address: | |
| | | |
| | | |
| | | |
| ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NO | M and marks A of the marks and the continues | |
| Name: Ahley N Harris | , | |
| Address: 3024 10 Powers | ar APX-152 | |
| orlands fl 3 | 2818 | |
| ARTICLE VII INCORPORATOR | | 2024 JUL |
| The name and address of the Incorporator is: | | |
| Name: AShley N | Harris | 5 6 |
| Address: 3924 N Pa | Harris owers dr AP+152 | SELECTION |
| • | 32818 | AM 9: 17 SSEEL FL |
| ARTICLE VIII EFFECTIVE DATE: Effective date, if other than the date of filing: (If an effective date is listed, the date must be sp filing.) | (OPTION) ecific and cannot be more than five day | AL) s prior or 90 days after the |
| Note: If the date inserted in this block does not me the document's effective date on the Department of | | ents, this date will not be listed as |
| Having been named as registered agent to accept sec certificate, I am familiar with and accept the appoin | | |
| As- Hu | | 7/15/24 |
| Required Signature/Regis | stered Agent | Date |
| I submit this document and affirm that the facts s document to the Department of State constitutes a ti | | |
| An Ha | | 1 5 101 |
| Required Signature/Incorporator | <u> </u> | Date 7 1 1 2 2 |

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