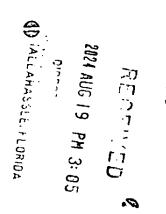
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PICK-UP	☐ WAIT	MAIL
(B)	usiness Entity Name)	
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Special Instructions to Fili	ing Officer:	
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FLORIDA CAPITAL COURIER SERVICES, INC 2330 CLARE DRIVE TALLAHASSEE, FL 32309 (850) 524-5437 (850) 524-6243

	HIS ACCOUNT: 120210000160: \$87.50
AUTHORIZATION SIGNATUR	E: Jankell
Aralld Designs, Inc	D
BUSINESS (Name)	V Document #.
Walk in	Pick up time
Mail out	Will wait
Photocopy	
_XCertified Copy	
X Certificate of Status	
NEW FILINGS	<u>AMMENDMENTS</u>
Profit	Amendment
Not for Profit	Resignation of R.A. Officer/Director
Limited Liability	Change of Registered Agent
Domestication	Dissociation or Resignation
_X_CORP	Merger
LLLP	Conversion
OTHER FILINGS	REGISTERATION/QUALIFICATIONS
Annual Report	Foreign Filing
	Limited Partnership
Fictitious Name	Reinstatement
	Trademark
APOSTIL ()	STATEMENT OF AUTHORITY
Country	
	EXAMINER'S INITIALS:

- FLORIDA CAPITAL COURIER SERVICES, INC 2330 CLARE DRIVE TALLAHASSEE, FL 32309 (850) 524-5437 (850) 524-6243

PLEASE USE FUNDS FROM THIS ACC	OUNT: I20210000160: \$87.50
AUTHORIZATION SIGNATURE:	Jenisall
Aralld Designs, Inc	<i>X</i>
BUSINESS (Name)	
Walk in	Pick up time
Mail out	Will wait
Photocopy	
_XCertified Copy	
X Certificate of Status	
NEW FILINGS	<u>AMMENDMENTS</u>
Profit	Amendment
Not for Profit	Resignation of R.A. Officer/Director
Limited Liability	Change of Registered Agent
Domestication	Dissociation or Resignation
_X_CORP	Merger
LLLP	Conversion
OTHER FILINGS	REGISTERATION/QUALIFICATIONS
Annual Report	Foreign Filing
Chalistona Noma	Limited Partnership Reinstatement
Fictitious Name	Trademark
APOSTIL ()	STATEMENT OF AUTHORITY
Country	SIMILMENT OF MOTHORITI
•	
	EXAMINER'S INITIALS:

COVER LETTER

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

бивјест: 🙏	CALLY DESIGNED CORYORA	TOC THE NAME - MUST INCL.	UDE SUFFIX)
Enclosed are an orig	inal and one (1) copy of the art	icles of incorporation and	l a check for:
□ \$70.00 Filing Fee	□ \$78.75 Filing Fee & Certificate of Status	S78.75 Filing Fee & Certified Copy ADDITIONAL CO	S87.50 Filing Fee, Certified Copy & Certificate of Status PPY REQUIRED
FROM:	-averne L	TUTGEON e (Printed or typed)	
5	475 N Univers	Sity Orive B	dlg 2 Apt 2

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 corporat	ion shall be: AGAA	Jesigns, In	<u> </u>
ARTICLE II PRINC		J ,	Mailing address, if different is:
5475 n Univer Lauderhill,	sity or Balga 2 FL 33351	\$pt 2603	
ARTICLE III PURPO The purpose for which the	DSE ne corporation is organized is:	oranyanda	ill lawful business
purposes		Į.	
ARTICLE IV SHARE The number of shares of s ARTICLE V INITIA	ES stock is: \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	rors President	
	1	GLON, Name and Title	e:
	5475 A Universit	4 DC Address:	
	Bolga Apt 2 Lauderhill, FC 3	60 s 335	
Name and Title:		Name and Title	2:
Address		Address:	
Name and Title			o:

Name an	d Title:	Name and Title:	
Address		Address:	
			<u>.</u>
	REGISTERED AGENT lorida street address (P.O. Box NOT	accontable) of the registered agent is:	
Name:	1 -	rgeon	
Address:	5475 A Downer to	OR Bally 2 Apt 260)3
Address.	Lauderhill, FC	1335	
	Callaca Island		
ARTICLE VII	INCORPORATOR		
The name and ag	Idress of the Incorporator is:		
Name:	Laverne L TU	ryeon and a hat	2/ 4/3
Address:	5475 1 Universit	by Or Bolly 2 Apt	(LOG)K
	Lauderhill, FL	33351	
ADDICT PART	PERFECTIVE NATE:	1	
Effective date, if	other than the date of filing: 8	1912024 (OPTIONAL)	on on 00 days aft
(if an effective of filing.)	iate is listed, the date must be speci-	fic and cannot be more than five days price	n or 90 days are
Note: If the date	inserted in this block does not meet t	he applicable statutory filing requirements,	this date will not
the document's e	ffective date on the Department of St	ne's records.	
Having been nan	ned as registered agent to accept servic familiar with and accept the appointm	e of process for the above stated corporation ent as registered agent and agree to act in th	at the place designs is capacity
<u> </u>			3/19/2
$-\Delta$	Required Signature/Register	ed Agent	
		ed herein are true. I am aware that the fals	
ancument to the 1	Department of Style constitutes a intra	I degree felony as provided for in s.817.155,	1 (
\			8/19/

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