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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : USACORP INC. Account Number : I20130000019 : (718)362-4789 Fax Number : (718)408-2550

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

joekeilch@gmail.com

Email Address:\_\_\_\_

# FLORIDA PROFIT/NON PROFIT CORPORATION Keilch C&C Inc.

Certificate of Status	0
Certified Copy	0
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## ARTICLES OF INCORPORATION

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

TICLE II PRIN	"CIPAL OFFICE" Principal street address	Mailing address, if differe
Classon Ave #3		
ooklyn, NY 11238		
TICLE III PURI purpose for which	Coathe corporation is organized is:	ching & Consulting
	-	
TICLE IV SHAI		
TICLE IV SHAI number of shares o	RES of stock is: IAL OFFICERS AND/OR DIRECTO	DRS
TICLE IV SHAI number of shares o	RES 200 of stock is:  IAL OFFICERS AND/OR DIRECTO le:  380 Classon Ave #3	PRS Name and Title:
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Name a	ind Title:	Name and Title:
Addres		Address:
	REGISTERED AGENT	dat at the runi tarad grant is
Name:	Florida street address (P.O. Box NOT acceptab Joe Keilch	ic) of the registered agent is.
Address:	2051 N Mobile Estates Dr	<del></del>
, real con-	Sarasota, FL 34231	
ARTICLE VII	INCORPORATOR	
	address of the incorporator is:	
Name:	Joe Keilch	
Address:	380 Classon Ave #3	
	Brooklyn, NY 11238	
Effective date, i	EFFECTIVE DATE: f other than the date of filing:	(OPTIONAL)
(If an effective days after the f	date is listed, the date must be specific and c	annot be more than five business days prior or 90 business
	te inserted in this block does not meet the applic effective date on the Department of State's reco	nable statutory filing requirements, this date will not be listed as ords
this certificate, l	I am familiar with and accept the appointment of	ocess for the above stated corporation at the place designated in as registered agent and agree to act in this capacity
	/s/ Joe Keilch	12/30/2024
	Required Signature/Registered Agent	
I submit this do document to the	ocument and affirm that the facts stated herein Department of State constitutes a third degree	are true. I am aware that the false information submitted in felony as provided for in s.817.155, F.S.
	/s/ Joe Keilch	12/30/2024
Reut	uired Signature/Incorporator	Date

#### ARTICLES OF INCORPORATION

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

## ARTICLE I NAME

The name of the corporation shall be PENINSULA TISSUE PAPERS CORP

## ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

10121 SW 223RD TER CUTLER BAY, FL 33190

Same as Principal

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS

#### ARTICLE IV SHARES

The number of shares of stock is: 100

#### ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: MARIANMELIG RIVODO /P

Address: 10121 SW 223RD TER CUTLER BAY, FL 33190

#### ARTICLE VI REGISTERED AGENT

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

Name MARIANMELIG RIVODO

Address: 10121 SW 223RD TER CUTLER BAY, FL 33190

ARTICLE VII INCORPORATOR	
The name and address of the Incorporator is:	
Name: MARIANMELIG RIVODO	
Address: 10121 SW 223RD TER CUTLER BAY, FL 33190	
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 days after the filing.)  Note: If the date inserted in this block does not meet the applicable state.	
will not be listed as the document's effective date on the Department of	
Having been named as registered agent to accept service of process for designated in this certificate, I am familiar with and accept the appoint in this capacity	
2Sr-	12/17/2024
Required Signature/Registered Agent	Date
I submit this document and affirm that the facts stated herein are true, submitted in a document to the Department of State constitutes a third F.S.	
mye	12/18/2024
Required Signature/Incorporator	Date