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FLORIDA PROFIT/NON PROFIT CORPORATION SOUTHWEST OF PUNTA GORDA INC.

PH 12: 46	20 A A A A A A A A A A A A A A A A A A A
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HQSCOCO [87/83] ARTICLES OF INCORPORATION In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I N The name of the co	AME proporation shall be:	SOUTHWEST	OF P	UNT	A GORDA INC.
ARTICLE II F	PRINCIPAL OFFICE Principal street as 261 CARGO STREE MYERS, FLORIDA 3	ddress T	-		Mailing address, if different is: 3261 CARGO STREET DRT MYERS, FLORIDA 33916
ARTICLE III P The purpose for w	<u>URPOSE</u> hich the corporation is o	organized is: ANY AN	ID ALL	LAW	FUL BUSINESS PURPOSE
ARTICLE IV SI The number of shar ARTICLE V IN	es of stock is:	200 DIOR DIRECTORS			
Name and	3261 CAF	AND PRESIDENT RGO STREET S. FLORIDA 33916	- _ Address		ANTONIO MASTRONARDI DIRECTOR AND VICE PRESIDENT 67 PARKVIEW DRIVE SEARINGTOWN, NY 11507
Name and 'Address	DIRECTOR A 157-28 20	O COSTANZA AND TREASURER TH ROAD DNE, NY 11357	. Address		25
Name and T					JAN +8 ANIZ: 36

Name and T		Name and Title:	
Address		Addens.	
			
ARTICLE VI RE	GISTERED AGENT da street address (P.O. Box NOT acceptable) o	of the registered agent is:	
Name:	MARIO MASTRONARDI	district agent is.	
Address:	3261 CARGO STREET	-	
F	ORT MYERS, FLORIDA 33916	- 3	25 age
_		-	EGRU 5 JAN
ARTICLE VII INC	<u>CORPORATOR</u>		1 5.
The <u>name and addre</u>	ess of the Incorporator is:		8 R
Name:	LAWRENCE KIRSCH	_	OF STATE ORATIO
Address:	41 STATE STREET SUITE 700)	: 32 32 32
	ALBANY, NY 12207	-	
ARTICLE VIII EF Effective date, if othe (If an effective date filing.)	FECTIVE DATE: er than the date of filing: is listed, the date must be specific and cannot	. (OPTIONAL) of be more than five days prior or 90 d	ays after the
Note: If the date inset the document's effect	erted in this block does not meet the applicable tive date on the Department of State's records.	statutory filing requirements, this dute w	ill not be listed as
Having been named a certificate, I am famil	as registered agent to accept service of process fi liar with and accept the appointment as register	or the above stated corporation at the placed agent and agree to act in this capacity	ee designated in this
/s/ MARIO M	ASTRONARDI	1/	8/25
	Required Signature/Registered Agent		Date
J - p -	ent and affirm that the facts stated herein are artment of State constitutes a third degree felon	true. I am aware that the false informally as provided for in $s.817.155$, $F.S.$	tion submitted in a
3 -	une a frient		/25
Required Signature/Ir	ncorporator	Date	,