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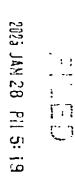
(Requestor's Name)					
(Address)					
(and the second					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(business chity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer.					





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01/28/25~~01008~~019 ** 70.00



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

ARTICLE I NAME	on shall be: HF002	CARROLI	www.	INC	
ARTICLE II PRINCI	PALOFFICE Principal <u>street</u> address HDALE MABRY	Hoy	.M 8905 Reb Y	failing address, if different is:	:
TAMPA FL	33618	<u> </u>	Manassas, V		
ARTICLE III PURPO.	<u>SE</u>	Retail Sales o	f shoes an	d accessories	
The purpose for which th	<u>SE</u> e corporation is organized is:	Tretail Oales o			<u> </u>
<u> </u>		 			
	<u></u> .		,-		
					
		_			
ARTICLE IV SHARE	<u>ss</u>				
The number of shares of	Stock is:		-		
TATAON AND AND AND AND AND AND AND AND AND AN	L OCCIOENC AND YOU DID	ECTADE			
	L OFFICERS AND/OR DIRI			Ionnifer Green	
Name and Title	Andrew Breton	Na	me and Title:		
Address	President	Ad	ldress:	Secretary	
	8905 Reb Yank Dr			8905 Reb Yank Dr	
	Manassas, VA 20110			Manassas, VA 20110	
Name and Title	·	Na	me and Title	:	
Address					2025
					<u> </u>
) (2) (2)
					82
		• ,	ambili	•	
Name and Title	:	N	ame and Litte		<u>P</u> ;
Address		A	ddress:		
				, i	6.
				<u> </u>	

Name an	d Title:	Name and Title:
Address		Address:
	REGISTERED AGENT Clorida street address (P.O. Box NOT acceptal	ole) of the registered agent is:
Name:	Registered Agents Inc	
Address:	7901 4th St N STE 3	00
	St. Petersburg FL 33	702
	INCORPORATOR	2025 JAN
The <u>name and a</u>	address of the Incorporator is:	Para di di
Name:	Rosemary Boak	
Address:	8905 Reb Yank Dr	
	Manassas, VA 20110	
Effective date, i	EFFECTIVE DATE: f other than the date of filing: date is listed, the date must be specific and	. (OPTIONAL) cannot be more than five days prior or 90 days after the
Note: If the da	te inserted in this block does not meet the app effective date on the Department of State's re	licable statutory filing requirements, this date will not be listed as cords.
Having been na certificate, I am	imed as registered agent to accept service of pr i familiar with and accept the appointment as i	ocess for the above stated corporation at the place designated in this egistered agent and agree to act in this capacity
David Rosen	5	01/02/2023
	Required Signature/Registered Age	nt Date
I submit this do	ocument and affirm that the facts stated here e Department of State constitutes a third degre	rin are true. I am aware that the false information submitted in a e felony as provided for in s.817.155, F.S.
Lama	un Boak,	Date 1/24/2025
Required Signa	nury/mcorporator	24.0