

N16000003906

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

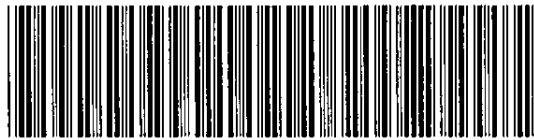
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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gf 4/15/14

COVER LETTER

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

SUBJECT: Combination Of Mixed Boxing Organizations INC
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed is an original and one (1) copy of the Articles of Incorporation and a check for :

\$70.00
Filing Fee

\$78.75
Filing Fee &
Certificate of
Status

\$78.75
Filing Fee
& Certified Copy

\$87.50
Filing Fee,
Certified Copy
& Certificate

ADDITIONAL COPY REQUIRED

FROM: Richard A. Burns
Name (Printed or typed)

2138 S Atlanta St
Address

Quincy Florida, 32351
City, State & Zip

850-544-6202
Daytime Telephone number

allenrb93@yahoo.com
E-mail address: (to be used for future annual report notification)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

16 APR 15 PM 5:07

APPROVED
AND
FILED

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION
In compliance with Chapter 617, F.S., (Not for Profit)

APPROVED
AND
FILED

ARTICLE I NAME

The name of the corporation shall be: Combination Of Mixed Boxing Organizations INC

16 APR 15 PM 5:07

ARTICLE II PRINCIPAL OFFICE

Principal street address:
2138 S Atlanta St

Mailing address, if different is:

SECRETARY OF STATE
TALLAHASSEE FLORIDA

Quincy Florida, 32351

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: An Amateur sanctioning body, for Boxing/MMA. It gives
fighters a chance to gain more exposure, while given them the opportunity to better their skills.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: Based on Qualificatio

Directors will be elected by the President.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Richard A. Burns (President) Name and Title: _____

Address: 2138 S Atlanta St Address: _____
Quincy Florida, 32351

Name and Title: Niakeasha Burns (Vice President) Name and Title: _____

Address: 2138 S Atlanta St Address: _____
Quincy Florida, 32351

Name and Title: Mary Burns (Director) Name and Title: _____

Address: 2138 S Atlanta St Address: _____
Quincy Florida, 32351

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

APPROVAL
AND
FILED

16 APR 15 PM 5:07

Name and Title: _____

Name and Title: _____

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Address _____

Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: Richard A. Burns
Address: 2138 S Atlanta St
Quincy Florida, 32351

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Richard A. Burns
Address: 2138 S Atlanta St
Quincy Florida

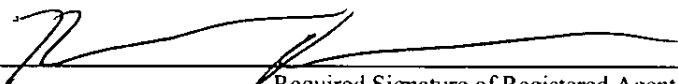
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

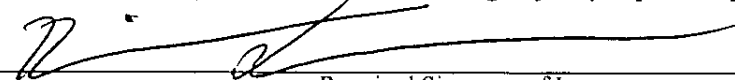
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity


Required Signature of Registered Agent

4-15-16
Date

I submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.


Required Signature of Incorporator

Date