

PI8000075388

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

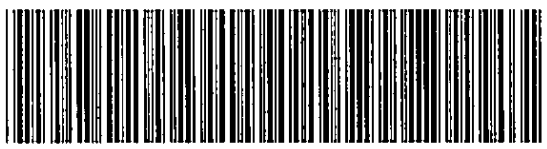
Special Instructions to Filing Officer:

Office Use Only

W18000 36849

SEP 07 2018

T. SCOTT



800311619978

04/13/18--01018--002 **80.00

2018 SEP -6 AM 10:32
SECRETARY OF STATE
TALLAHASSEE, FL 32309

FILED



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 3, 2018

SAMUEL P BOYD
3856 CARAVEL DRIVE
MEMPHIS, TN 38115-5211

SUBJECT: ELITE ALLIANCE ENTERTAINMENT CORP.
Ref. Number: W18000036849

We have received your document for ELITE ALLIANCE ENTERTAINMENT CORP. and your check(s) totaling \$80.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The title(s) in the officer/director field(s) is/are not acceptable. Please refer to the following link for acceptable officer/director title information.
<http://dos.myflorida.com/sunbiz/search/guides/corporation-records/title-abbreviations/>

CHIEF PROMOTIAL OFFICER is not a title.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Tyrone Scott
Regulatory Specialist II
New Filings Section

Letter Number: 718A00012972

2018 SEP -6 PM 4:46



COVER LETTER

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

SUBJECT: Elite Alliance Entertainment, Corp.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are 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

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: Samuel P. Boyd
Name (Printed or typed)

3856 Caravel Drive
Address

Memphis TN 38115
City, State & Zip

786-357-0189 or 901-921-0848
Daytime Telephone number

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

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

Elite Alliance Ent. Corp.
Samuel P. Boyd (CEO)
3856 Caravel Drive
Memphis, TN 38115

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

April 30, 2018

RECEIVED
2018 JUN 18 PM 2:16
DIVISION OF CORPORATIONS
BUREAU OF COMMERCIAL
REGISTRATION SERVICES

RE: Reference Number: W18000036849

Tyrone Scott,

Please find enclosed an original and one (1) copy of
the articles of incorporation, for Elite Alliance Ent.,
Corp.

We look forward to hearing back from you soon.

Sincerely,

Samuel P. Boyd (CEO)

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: Elite Alliance Entertainment, Corp.

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address
Elite Alliance Entertainment, Corp.
1900 Colonial Drive
Coral Springs, FL 33071

Mailing address, if different is:
Elite Alliance Entertainment, Corp.
3856 Caravel Drive
Memphis, TN 38115

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To establish our corporation in the
State of Florida and incorporate our company to do business
as a corporation in the State of Florida.

ARTICLE IV SHARES

The number of shares of stock is: 1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Samuel P. Boyd (CEO) Name and Title: _____
Address 1900 Colonial Drive Address: _____
Coral Springs, FL 33071 _____
Chief Executive Officer _____

Name and Title: Shirley A. Johnson (CFO) Name and Title: _____
Address 3856 Caravel Drive Address: _____
Memphis, TN 38115-5211 _____
Chief Financial Officer #1. _____

Name and Title: Fredrick L. Johnson (CFO) Name and Title: _____
Address 1900 Colonial Drive Address: _____
Coral Springs, FL 33071 _____
Chief Financial Officer #2. _____

2018 SEP - 5 AM 10:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Name and Title: _____ Name and Title: _____
 Address _____ Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: Fredrick L. Johnson
 Address: 1900 Colonial Drive
Coral Springs, FL 33071

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Samuel P. Boyd
 Address: 1900 Colonial Drive
Coral Springs, FL 33071

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 days prior or 90 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

Fredrick L. Johnson Required Signature/Registered Agent 4/12/2018 Date

I submit this document and affirm that the facts stated herein are true. I am aware that the 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.

Samuel P. Boyd Required Signature/Incorporator 4/12/2018 Date