

P21000012857

Florida Department of State

Division of Corporations
Electronic Filing Cover Sheet

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To:
Division of Corporations
Fax Number : (850)617-6381

From:
Account Name : TILLET ALVARADO & PRENDERGAST
Account Number : I20210000002
Phone : (561)345-2416
Fax Number : (561)907-4965

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

Email Address: MHB3@MSN.COM

**FLORIDA PROFIT/NON PROFIT CORPORATION
AKAROA, INC.**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$70.00

2021 FEB 12 AM 5:34
2021 FEB 12 PM 1:41

J. FASON
FEB 15 2021

COVER LETTER

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

SUBJECT: AKAROA, INC.

(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

\$78.75 Filing Fee & Certified Copy
 \$87.50 Filing Fee, Certified Copy & Certificate of Status

ADDITIONAL COPY REQUIRED

FROM: MATTHEW BROWN

1695 W. INDIANTOWN RD. SUITE 18

Address

JUPITER, FL 33458

City, State & Zip

(561) 563-2643

Daytime Telephone number

MHB3@MSN.COM

E-mail address: (to be used for future annual report notification)

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

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: AKAROA, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address <u>1695 W. INDIANTOWN RD.</u> <u>SUITE 18</u> <u>JUPITER, FL 33458</u>	Mailing address, if different is: _____ _____ _____
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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

ALL 4 ONE ADVERTISING, INC. -	
Name and Title: <u>PRESIDENT</u>	Name and Title: _____
Address <u>1695 W. INDIANTOWN RD.</u>	Address: _____
<u>SUITE 18</u>	_____
<u>JUPITER, FL 33458</u>	_____
Name and Title: <u>MATTHEW BROWN - VICE PRESIDENT</u>	Name and Title: _____
Address <u>1695 W. INDIANTOWN RD.</u>	Address: _____
<u>SUITE 18</u>	_____
<u>JUPITER, FL 33458</u>	_____
Name and Title: _____	Name and Title: _____
Address _____	Address: _____
_____	_____
_____	_____

2021 FEB 12 AM 5:30

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: MATTHEW BROWN
 Address: 1695 W INDIANTOWN RD, SUITE 18
JUPITER, FL 33458

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: MATTHEW BROWN
 Address: 1695 W INDIANTOWN RD, SUITE 18
JUPITER, FL 33458

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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

MATTHEW BROWN

Required Signature/Registered Agent

02/11/2021

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.

MATTHEW BROWN

Required Signature/Incorporator

02/11/2021

Date