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

From: Account Name : CORPORATE CREATIONS INTERNATIONAL
Account Number : 110432003053
Phone : (561)694-8107
Fax Number : (561)214-8442

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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

Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION
Hocking Distribution Inc.

| | |
|-----------------------|---------|
| Certificate of Status | 1 |
| Certified Copy | 0 |
| Page Count | 03 |
| Estimated Charge | \$78.75 |

T. SCOTT
JUL 01 2022

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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: Hocking Distribution Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address: 96 Village Street Satellite Beach, FL 32937
Mailing address, if different is: _____

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: any and all lawful activity

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

| | | | |
|-----------------|--|-----------------|---|
| Name and Title: | <u>Christopher S Hocking - President</u> | Name and Title: | <u>Christopher S Hocking - Director</u> |
| Address: | <u>96 Village St</u> | Address: | <u>96 Village St</u> |
| | <u>Satellite Beach, FL 32937</u> | | <u>Satellite Beach, FL 32937</u> |
| | _____ | | _____ |

| | | | |
|-----------------|-------|-----------------|-------|
| Name and Title: | _____ | Name and Title: | _____ |
| Address: | _____ | Address: | _____ |
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| Name and Title: | _____ | Name and Title: | _____ |
| Address: | _____ | Address: | _____ |
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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: Corporate Creations Network Inc.
 Address: 801 US Highway 1
 North Palm Beach, FL 33408

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Christopher S Hocking
 Address: 96 Village St
 Satellite Beach, FL 32937

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

By: Lauren Underwood Lauren Underwood, Special Secretary 06/30/2022
 Required Signature/Registered Agent 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.

[Signature] _____ Date 6/30/22
 Required Signature/Incorporator