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(Requestor's Name)

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PICK-UP WAIT MAIL

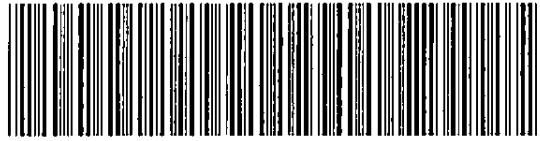
(Business Entity Name)

(Document Number)

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DATE: 6/17/2024

NAME: 922 SPORT ENDEAVORS, INC.

TYPE OF FILING: ARTICLES

COST: 70.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE

Paul Hodge

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COVER LETTER

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

SUBJECT: 922 SPORT ENDEAVORS, 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: Jenni Brozena
Name (Printed or typed)
2360 Flanders Way, Unit A
Address
Safety Harbor, FL 34695
City, State & Zip
6105003978
Daytime Telephone number
jenni.brozena@gmail.com
E-mail address: (to be used for future annual report notification)

TALLAHASSEE, FL
STATE

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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: 922 SPORT ENDEAVORS, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address
2360 Flanders Way, Unit A
Safety Harbor, FL 34695

Mailing address, if different is:

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: 10,000,000 common shares and 10,000,000 preferred shares.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Jenni Brozena, President
Address: 2360 Flanders Way, Unit A
Safety Harbor, FL 34695

Name and Title: _____
Address: _____

Name and Title: Jenni Brozena, Director
Address: 2360 Flanders Way, Unit A
Safety Harbor, FL 34695

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

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TALLAHASSEE, FL
CLERK OF SUPERIOR COURT

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: Kendall Almerico

Address: 17940 Gulf Blvd #4A

Redington Shores, FL 33708

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Kendall Almerico

Address: 17940 Gulf Blvd #4A

Redington Shores, FL 33708

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 6-14-24. (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.

Kendall Almerico
Required Signature/Registered Agent

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6-14-24
TALLAHASSEE FL

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.

Kendall Almerico
Required Signature/Incorporator

Date 6-14-24