

N15000003278

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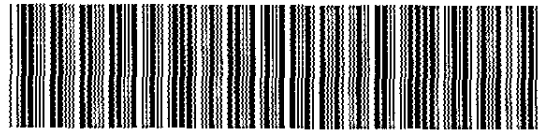
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SPR 2/10/16

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03/30/15--01027--007 **78.75

FILED
Mar 30, 2015 08:00 AM
Secretary of State

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

SUBJECT: PFA ENDEAVORS, LLC

(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: DOUG PIERCE

Name (Printed or typed)

14288 W. 69th Place

Address

ARVADA, CO 80004

City, State & Zip

4074634042

Daytime Telephone number

willypeteband@gmail.com

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

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

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

FILED
Mar 30, 2015 08:00 AM
Secretary of State

ARTICLE I NAME PFA ENDEAVORS, INC

The name of the corporation shall be: _____

ARTICLE II PRINCIPAL OFFICE

Principal street address:
14288 W 69th Place

Arvada, CO 80004

Mailing address, if different is: _____

ARTICLE III PURPOSE

to provide music, concerts, entertainment, lessons,
The purpose for which the corporation is organized is: _____
and other events and gifts that bring joy and encouragement to the American military community members and educated civilians
about the needs and sacrifices of our warriors. We operate a touring group called Willy Pete, produce a podcast called "Recon"
and give lessons to wounded warriors.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: _____ Chosen by CEO

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Doug Pierce, CEO

Address: 14288 W 69th Place
Arvada, CO 80004

Name and Title: Brandon Goff, COO

Address: 710 W PALMETTO APT B
FLORENCE, SC 29501

Name and Title: Jeremy Tubbs, CFO

Address: 84 SHADY LN
JACKSON, TN 38305

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title:	_____	Name and Title:	_____
Address:	_____	Address:	_____
_____	_____	_____	_____
_____	_____	_____	_____
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: Doug Pierce
 Address: 4442 Winderwood Cir
Orlando, FL 32835

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Doug Pierce
 Address: 4442 Winderwood Cir
Orlando, FL 32835

ARTICLE VIII EFFECTIVE DATE: 3/30/15

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

3/30/15

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

3/30/15

Date