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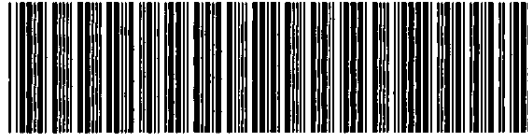
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

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

**SUBJECT:** Tough Biker Corporation

(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:** Mark Levy  
\_\_\_\_\_  
Name (Printed or typed)

7 East 17th Street  
\_\_\_\_\_  
Address

Saint Cloud, Florida 34772  
\_\_\_\_\_  
City, State & Zip

561-288-0152  
\_\_\_\_\_  
Daytime Telephone number

mark@toughbiker.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 617, F.S., (Not for Profit)

**ARTICLE I NAME**

The name of the corporation shall be: TOUGH BIKER CORPORATION

**ARTICLE II PRINCIPAL OFFICE**

Principal street address:  
7 East 17th Street

Saint Cloud, Florida 34772

Mailing address, if different is:

4417 13th STREET #174

SAINT CLOUD, FL 34769

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: To help children and families ot include children and families at risk,  
homeless children and families, and children and families in need.

**ARTICLE IV MANNER OF ELECTION** The manner in which the directors are elected and appointed: ELECTED AT THE  
ANNUAL MEETING

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Mark Levy/Director

Address 7 East 17th Street  
Saint Cloud, Florida 34772

Name and Title: Yong Suk Levy/Director

Address: 7 East 17th Street  
Saint Cloud, Florida 34772

Name and Title: Jacob Levy/Director

Address 7 East 17th Street  
Saint Cloud, Florida 34772

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

SECRETARY  
CALAI ASSET PRODD

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Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_  
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 \_\_\_\_\_  
 \_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

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

Name: Mark Levy  
 Address: 7 East 17th Street  
Saint Cloud, Florida 34772

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Mark Levy  
 Address: 7 East 17th Street  
Saint Cloud, Florida 34772

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**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: 6/29/2015 (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*

[Signature]  
 Required Signature of Registered Agent

6/29/2015  
 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.*

[Signature]  
 Required Signature of Incorporator

6/29/2015  
 Date