## N17000009064

| (Re                     | equestor's Name)   |           |
|-------------------------|--------------------|-----------|
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| (Ad                     | ldress)            |           |
|                         |                    |           |
| (Ad                     | ldress)            |           |
|                         |                    |           |
| (Cit                    | ty/State/Zip/Phone | e #)      |
| PICK-UP                 | ☐ WAIT             | MAIL      |
| (Bu                     | isiness Entity Nan | ne)       |
|                         |                    |           |
| (Do                     | ocument Number)    |           |
| Certified Copies        | _ Certificates     | of Status |
|                         | _                  |           |
| Special Instructions to | Filing Officer:    |           |
|                         |                    |           |
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Office Use Only



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W17-066851

2 09/01/17



August 15, 2017

ROOSEVELT MCKINLEY JR. 4353 N.W. 3RD TERR. POMPANO BCH., FL 33064

SUBJECT: STACY'S KING COBRA BOXING CLUB LLC.

Ref. Number: W17000066851

We have received your document for STACY'S KING COBRA BOXING CLUB LLC to the and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document is illegible and not acceptable for imaging. We ask that you type or carefully print the information in the appropriate blocks.

The name must contain a word that will clearly indicate that it is a corporation. This word may be: CORPORATION, CORP., INCORPORATED, or INC. Sections 617.0401(1)(a) and 617.1506(1), Florida Statutes, prohibits the use of the word COMPANY or CO. in the name of a non-profit corporation.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Thomas Chang Regulatory Specialist II New Filing Section

Letter Number: 117A00016676

www.sunbiz.org

## **COVER LETTER**

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

\$70.00

Filing Fee

SUBJECT: STACIS King COSAA BOX (19 CICL) LC (PROPOSED CORPORATE NAME - MUST-INCLUDE SUFFIX)

Enclosed is an original and one (1) copy of the Articles of Incorporation and a check for :

\$78.75

Status

Filing Fee &

Certificate of

| AD   | DITIONAL COPY REQUIRED |
|--|------------------------|
| FROM: Rouse we H MEKINIS                                     | er JR. Lof typed)      |
| 4353 NW 37 Addre   | SS ERL,                |
| Comp ANO BEACH City, State                                   | PL 3.7664<br>& Zip     |
| 702-682 -3478<br>Daytime Teleph                              | one number             |
| R STACY MEKINE  1:-mail address: (to be used for future annu | J. J.Com GMAIZ COM     |

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

\$78.75

Filing Fee

& Certified Copy

\$87.50

Filing Fee,

Certified Copy & Certificate

## ARTICLES OF INCORPORATION

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

| ARTICLE I NAME  The name of the corporation shall be:  | STACYS King (                         | Cobra be           | xing            | club =                                   | <u>Fnc</u> .             |
|--|---------------------------------------|--------------------|-----------------|--|--------------------------|
| ARTICLE II PRINCIPAL OFFICE  | , (1                                  |                    | •               |  |                          |
| Principal <u>street</u> address  | ss:<br>) Avencie                      | Mailin<br>4353     | g address, if c | lifferent is:                            | RACE_                    |
|  | 1,FL.33064                            |                    |                 |  |                          |
| ARTICLE III PURPOSE  The purpose for which the corporation  PROVICE a Seife  Markout, Learn    | is organized is: working  Place for t | ene your           | the 1           | youter<br>train                          | to<br>and<br>alacdoveres |
| - Courteur, regis  | COOPINE !                             | - Tax pa           |                 | <u>S</u> SCCI                            |                          |
|  |                                       |                    |                 |  |                          |
| ARTICLE IV MANNER OF ELEC<br>by the CED (Stace<br>and willnes to<br>ARTICLE V INITIAL OFFICERS | AND/OR DIRECTORS                      |                    |                 |  |                          |
| Name and Title: Stacy Mcki   | New CEO Name and D. 3º0 Terranduress: | Title: <u>Jaca</u> | mel E           | adey ta                                  | حدار ۱۸ مال              |
| <del></del>  |                                       |                    |                 | ι ,                                      |                          |
| Name and Title:  | Name and                              | Title:             |                 |  |                          |
| Address  | Address:                              |                    |                 |  |                          |
|  |                                       |                    |                 | A  |                          |
| Name and Title:  | Name and                              |                    |                 | 7-17                                     | 7 AUA 31                 |
|  | Address:                              |                    |                 | 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1 |                          |
|  |                                       |                    | _               | F ORIE                                   | ε.()<br>ΑΗ 8: 21         |

| Name and Title:_   |  | Name and Title:                     |                                      |   |   |
|--------------------|--|-------------------------------------|--------------------------------------|---|---|
| Address ·          |  | Address:                            |                                      |   |   |
|                    |  |                                     |                                      |   |   |
| Name and Title:_   |  | Name and Title:                     |                                      | <u>.</u>  |   |
| Address            |  | Address:                            |                                      |   |   |
|                    |  |                                     | -                                    | · · · · · · ·   |   |
| _                  |  |                                     |                                      |   |   |
| _                  |  |                                     | <u> </u>                             |   |   |
|                    |  |                                     |                                      |   |   |
| ARTICLE VI         | REGISTERED AGENT   |                                     |                                      |   |   |
|                    | orida street address (P.O. Box N   | OT acceptable) of the registered a  | igent is:                            |   |   |
| Name:              | Roosevelt MEK  | inter JR.                           |                                      |   |   |
|                    | 4353 U.W. 380  |                                     |                                      | ₹   |   |
| Address:           | 7(00) KI.W, V  | 1CRMC                               |                                      | <b>S</b> . | 17  |
|                    | porphie Beach  | 7, FL 33064                         |                                      | ₹*  |   |
|                    |  |                                     |                                      |   | <u>A</u><br>S 3 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 |
|                    | INCORPORATOR Idress of the Incorporator is:  |                                     |                                      | • •   |   |
| <u> </u>           | <del></del>  | L. 1. 1. 70                         |                                      |   | ; <u>;</u>  |
| Name;              | Roosevelt Ms. 4353 M.W. 3RD  | Minley Jr.                          |                                      |   | <del>;;</del><br>♥                                  |
| Address:           | 4353 N.W.  | PRRACE                              |                                      | ⇒ · ·   | <del></del>   |
|                    |  |                                     |                                      |   |   |
| ARTICLE VIII       | EFFECTIVE DATE:  | ATT ATT TILL                        |                                      |   |   |
| Effective date, if | other than the date of filing: ate is listed, the date must be sp                                      | Pecific and cannot be more than     | OPTIONAL)<br>Live days prior or 90 ( | days after th   | e filing.)  |
| (ii aii eiiecuve u | ate is fisted, the date must be sp   | Active and cannot be more than      | invedays prior or 20 v               | unys uncer co   | , , , , , , , , , , , , , , , , , , ,               |
| Note: If the date  | inserted in this block does not me   | eet the applicable statutory filing | requirements, this date              | will not be lis   | sted as the   |
|                    | tive date on the Department of St  |                                     | •                                    |   |   |
|                    |  |                                     |                                      |   |   |
|                    | ned as registered agent to accept<br>familiar with and accept the appoi                                |                                     |                                      |   | signated in thi                                     |
| Cerny Care 1 arm 1 |  |                                     | _                                    | _   | 5 K   |
| 1 -1/1             | 10/6/20  | <u>k</u>                            | <u> </u>                             | <u> -,}⊘-</u>   | 0017  |
|                    | <del></del>  | · · · ·                             |                                      | Date  |   |
| 11/                | Required Signature of R  |                                     |                                      | 2012  |   |
|                    | Required Signature of R<br>ument and affirm that the facts st<br>at of State constitutes a shird degre | tated herein are true. I am aware   |                                      | ion submitted   | l in a documen                                      |
|                    | ument and affirm that the facts st   | tated herein are true. I am aware   | .155, F.S.                           | ion submitted   | <b>-</b>  |

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