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2019 JUN 28 PM 2:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2019 JUN 28 PM 1:52

## COVER LETTER

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

SUBJECT: ARGYLE AVENERS INC.

(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: PAUL OWENS

Name (Printed or typed)

4220 PLANTATION OAKS BLVD #142 #1413

Address

ORANGE PARK, FL 32065

City, State & Zip

904 3033815

Daytime Telephone number

OWENS PJ86@A1700.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: ARGYLE AVENGERS INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

4220 PLANTATION OAKS BLVD #1413

ORANGE PARK, FL 32065

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ADULT SEMI PROFESSIONAL FOOTBALL

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: BYLAWS

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: PAUL OWENS PRESIDENT

Address: 4220 PLANTATION OAKS BLVD  
#1413 ORANGE PARK, FL  
32065

Name and Title: WILLIAM KENDRICK JR  
PRESIDENT

Address: 1211 SPRUCE ST  
GREEN COVE SPRINGS  
FL 32043

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

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

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

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

SECRETARY OF STATE  
ALLAHUSSEIN FLORES

2019 JUN 28 PM 2:15

FILED

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: PAUL OWENS

Address: 4220 PLANTATION OAKS BLVD #1413  
ORANGE PARK, FL 32065

ARTICLE VII INCORPORATOR

The name and address of the incorporator is:

Name: PAUL OWENS

Address: 4220 PLANTATION OAKS BLVD #1413  
ORANGE PARK, FL 32065

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.)

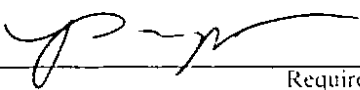
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*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*

  
\_\_\_\_\_  
Required Signature of Registered Agent

6/28/19  
\_\_\_\_\_  
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

6/28/19  
\_\_\_\_\_  
Date