Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : CORPORATION SERVICE COMPANY

Account Number : I20000000195

Phone : (850)521-0821

Fax Number

: (850)558-1515

Originally received 04/17/23

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Fma11	Address:			

FLORIDA PROFIT/NON PROFIT CORPORATION THE CAIRNSCUP USA, INC.

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$70.00

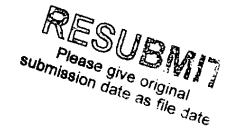


April 18, 2023

CORPORATION SERVICE COMPANY

SUBJECT: THE CAIRSCUP USA, INC.

Ref. Number: W23000056163



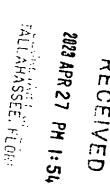
We have received your document for THE CAIRSCUP USA, INC.. However, the document has not been filed and is being returned for the following:

Section 617.0202(d), Florida Statutes, requires the manner in which directors are elected or appointed be contained in the articles of incorporation or a statement that the method of election of directors is as stated in the bylaws.

If you have any further questions concerning your document, please call (850) 245-6000.

Summer Chatham Regulatory Specialist III Director's Office

Letter Number: 523A00008683



COVER LETTER

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

SUBJECT: THE CAIRUS CUP USA 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: John P Bell Name (Printed or typed)

11109 GOEDEN EAGLE AVE

WEEKI WACHEE FL 34613
City, State & Zip

419-304-2048

Daytime Telephone number

ONELEGBELL O GMAIL, LOM 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)

The name of the	e corporation shall be: THE CAIRNSCL	JP USA, INC.			
ARTICLE II	PRINCIPAL OFFICE				
3 Sin	Principal <u>street</u> address:		Mailing address, if different is:		
LYTH	HAM ST. ANNES FY8 3JT				
UNIT	ED KINGDOM				
ARTICLE III	<u>PURPOSE</u>	THE CAIRMS OUT	DIS A DISARI ED COLE EVENT ANI	n EESTI	\/A1
The purpose fo	PURPOSE or which the corporation is organized is:	USA AND EURO	PE		VAL
				2023	
				3 122	- 7
	<u> </u>	_ ·	·.	17	
				;;; (i)	
ARTICLE IV	MANNER OF ELECTION The man	ner in which the dire	ectors are elected and appointed:	<u></u>	
ARTICLE V	INITIAL OFFICERS AND/OR DIREC	<u>CTORS</u>	·		
Name and Title:	IAN WILLIAM HALLIWELL, DIRECTOR	Name and Title	GREG HOPPER, DIRECTOR		
Address	3 SINGLETON AVENUE	Address:	3611 WHITFIELD WAY	-	
	LYTHAM ST. ANNES FY8 3JT		POWDER SPRINGS, GA 30127	-	
	UNITED KINGDOM			_	
Name and Title	JOHN BELL, DIRECTOR	— Name and Title		-	
Address	11109 GOLDEN EAGLE AVE	Address:		_	
	WEEKI WACHEE, FL 34613	_		-	
Name and Title	··	Name and Title	<u> </u>	-	
Address		Address:		_	

Name and Ti	le;	Name and Title:		
Address				
			<u> </u>	
Name and Title	<u> </u>	Name and Title:		
Address				
		<u> </u>	SF	
ARTICLE			2023 APR SECRETA TALLA	•
The name and F	REGISTERED AGENT legida street addfess (P.O. Box NOT acce	multi S. Ed	PR	۲.
Name:	Corporation Service Company	ptable) of the registered agent is:	7	ĵ
Addresse	1202 Hays Street			1
	Tallahassee, FL 32301	·	:	
			.4E 37	
ARTICLE VII The fiame and add	INCORPORATOR dress of the Incorporator is:			
Name:	IAN WILLIAM HALLIWELL	•		
Address:	3 SINGLETON AVENUE LYTHAM			
	ST. ANNES FY8 3JT UNITED KING	ЗДОМ		
ARTICLE VIII E	FFECTIVE DATE:			
of an effective date.	her than the date of filing:	(OPTIONAL)		
	o is test, the date must be specific and	s cannot be more than five days prior,	or 90 days after the filing.)	
Note: If the date in:	serted in this block does not meet the app e date on the Department of State's recor	diamble access on	is date will not be listed as the	
ertificate, I am fami	as registered agent to accept service of liar with and accept the appointment as r	process for the above stated corporati	ion at the place designated in this	
11 1	1 - 1 - 1 - 1 - 1 - 10	egistered agent and agree to act in this c	capacity	
-MANY	1) lulya, my		4/11/13	
/,	Required Signature of Registered A	_	Daje	
ubmit this document Department of Sta	et and affirm that the facts stated herein of the constitutes a third degree felony as pro-	re true. I am aware that any false infon	, mation submitted in a document to	
	1 28 -11			
	Required Signature of Incorpor		3/31/23	
	d- was prigurate of Hicolbol	aior	Date	