

PO4 000164854

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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12-8

TRANSMITTAL LETTER

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

SUBJECT: SPOOKY ENTERTAINMENT, INC.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are 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 of
Status

ADDITIONAL COPY REQUIRED

FROM: DAVID KATZ

Name (Printed or typed)

1675 POLO LAKE DRIVE EAST, #303

Address

WELLINGTON, FL 33414

City, State & Zip

561 798-8364

Daytime Telephone number

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CLERK OF STATE
TALLAHASSEE, FLORIDA

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

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be:

SPOOKY ENTERTAINMENT, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

1675 POLO LAKE DRIVE EAST, #303
WELLINGTON, FL 33414

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

RESTAURANT

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

DAVID KATZ, PRESIDENT
1675 POLO LAKE DRIVE EAST, #303
WELLINGTON, FL 33414

ARTICLE VI REGISTERED AGENT

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


DAVID KATZ
1675 POLO LAKE DRIVE EAST, #303
WELLINGTON, FL 33414

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

DAVID KATZ
1675 POLO LAKE DRIVE EAST, #303
WELLINGTON, FL 33414


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/Registered Agent

12/3/04

Date



Signature/Incorporator

12/3/04

Date

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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