

PI1000037091

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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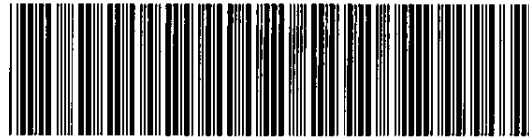
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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04/15/11--01029--030 **78.75

11 APR 15 PM 2:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

WH

COVER LETTER

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

SUBJECT: STREET Kingz 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: GAVIN COE
Name (Printed or typed)

3217 AVE S.
Address

RIVERA BCH FL 33404
City, State & Zip

(561) 762-9167
Daytime Telephone number

GAVIN COE @ Hotmail . 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 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME STREET Kingz Entertainment Inc.
The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address
Gavin Doe
3517 Ave S.
Riviera Bch Fl 33404

Mailing address, if different is:

P.O. Box
9044
Riviera Bch Fla 33419

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To Be one of the Top Entertainment Companies
in South Florida

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Gavin Doe
Address: 3517 Ave S.
Riviera Bch Fl 33404

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
(AND)
FILED

ARTICLE VI REGISTERED AGENT

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

Name: Daven Wright
Address: 601 W 35th Street
Riviera Bch Fla 33404

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Gavin Doe
Address: 3517 Ave S.
Riviera Bch Fl 33404

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/Registered Agent

3/31/11
Date

I submit this document and affirm that the facts stated herein are true. I am aware that the 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/Incorporator

4/12/11
Date