

P12000006492

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

CORRECTED THE NUMBER  
OF SHARES OF STOCK PER  
TELEPHONE CONVERSATION  
WITH THOMAS F. SAUER.

K 01/19/12

Office Use Only



200215315102

12/29/11--01038--006 \*\*78.75

FILED  
12 JAN 18 PM 4:05  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

W12-229

K 01/19/12



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED

12 JAN 18 PM 12:32

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

January 3, 2012

THOMAS F SAUER JR  
6290 SE 42ND CT  
OCALA, FL 34480

SUBJECT: RIZING ENTERTAINMEN, INC  
Ref. Number: W12000000229

We have received your document for RIZING ENTERTAINMEN, INC and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please verify the spelling of the Corporate Name in Article I.

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

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) 245-6949.

Thomas Chang  
Regulatory Specialist II  
New Filing Section

Letter Number: 512A00000040

## COVER LETTER

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

SUBJECT: RIZING 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: THOMAS F SAUER JR  
Name (Printed or typed)

6290 SE 42ND CT  
Address

OCALA, FL 34480  
City, State & Zip

352-572-7659  
Daytime Telephone number

TOMTRAUMA@MSN.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** RIZING ENTERTAINMENT, INC

The name of the corporation shall be:

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
THOMAS F SAUER JR  
6290 SE 42ND CT  
OCALA, FL 34480

Mailing address, if different is:  
CHRISTOPHER HICKMAN  
6290 SE 42ND CT  
OCALA, FL 34480

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:  
RENTAL OF FIGHTING CAGE

**ARTICLE IV SHARES**

The number of shares of stock is: 2

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: THOMAS F SAUER JR, PRES  
Address: 6290 SE 42ND CT  
OCALA, FL 34480

Name and Title: JAMES CHRISTOPHER HICKMAN, VP  
Address: 6290 SE 42ND CT  
OCALA, FL 34480

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

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

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

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

**ARTICLE VI REGISTERED AGENT**

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

Name: THOMAS F SAUER JR  
Address: 6290 SE 42ND CT  
OCALA, FL 34480

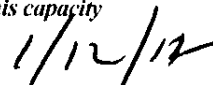
**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

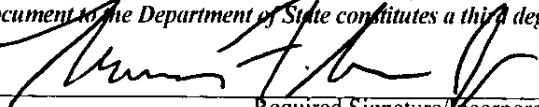
Name: THOMAS F SAUER JR  
Address: 6290 SE 42ND CT  
OCALA, FL 34480


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/Registered Agent

  
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.

  
Required Signature/Incorporator

  
Date

FILED  
12 JAN 18 PM 4:05  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA