

P12000053457

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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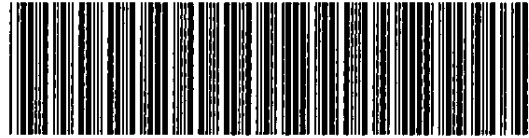
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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06/12/12--01012--004 **78.75

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 JUN 12 PM 1:03

Ps 6/13/12

COVER LETTER

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

SUBJECT: The Dungeons Haunted Attractions 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

<input checked="" type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: Ryan L. Allen
Name (Printed or typed)

9 Sorrel Street
Address

Middleburg Florida 32068
City, State & Zip

(904)-333-6622
Daytime Telephone number

flash77@comcast.net
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)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

ARTICLE I NAME

The name of the corporation shall be:

The Dungeons Haunted Attractions INC.

12 JUN 12 PM 1:03

ARTICLE II PRINCIPAL OFFICE

Principal street address

9 Sorrel Street
Middleburg Florida, 32068

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Any Purpose Allowed By Law

ARTICLE IV SHARES

The number of shares of stock is: **100**

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Ryan L. Allen CEO

Address: 9 sorrel Street
Middleburg Florida, 32068

Name and Title: _____

Address: _____

Name and Title: Stephen J. Hendrix Jr. COO

Address: 8958 McClelland Rd.
Jacksonville Florida, 32234

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: Stephen J. Hendrix Jr. COO

Address: 8958 McClelland Rd.
Jacksonville Florida, 32234

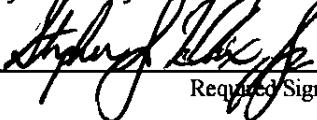
ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Ryan L. Allen

Address: 9 Sorrel Street
Middleburg Florida, 32068

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

5/22/12

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

5/22/12

Date