## P12000056953

| ٠ (Re                   | equestor's Name)      |                                       |  |  |  |
|-------------------------|-----------------------|---------------------------------------|--|--|--|
| (Ac                     | ldress)               | · · · · · · · · · · · · · · · · · · · |  |  |  |
| (Ac                     | ldress)               |                                       |  |  |  |
| (Ci                     | ty/State/Zip/Phone #/ | )                                     |  |  |  |
| PICK-UP                 | ☐ WAIT                | MAIL                                  |  |  |  |
| (Bu                     | isiness Entity Name)  |                                       |  |  |  |
| (Document Number)       |                       |                                       |  |  |  |
| Certified Copies        | _ Certificates of     | Status                                |  |  |  |
| Special Instructions to | Filing Officer:       |                                       |  |  |  |
| ,                       |                       |                                       |  |  |  |
| •                       |                       |                                       |  |  |  |
|                         |                       |                                       |  |  |  |
|                         |                       |                                       |  |  |  |





400236590364

06/22/12--01013--018 \*\*70.00

12 JUN 22 PH 3: 51

SECRETARY OF STATE
JIVISION OF SORPORATIONS



## COVER LETTER

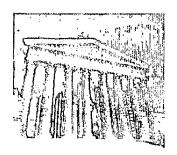
Department of State New Filing Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

| SUBJECT:              | Judgment Day, Inc.   |             |                          |
|-----------------------|--|-------------|--------------------------|
|                       | (PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)  |             |                          |
|                       |  |             |                          |
| Enclosed are an o     | riginal and one (1) copy of the articles of incorporation and a check for:   |             |                          |
| \$70.00<br>Filing Fee | \$78.75 Filing Fee & Certificate of Status  \$78.75 Filing Fee & Certified Copy & Certified Copy & Certificate of Status  ADDITIONAL COPY REQUIRED |             |                          |
| FROM: _               | Benjamin Hillard Name (Printed or typed)   | _           |                          |
| TROWN                 | Name (Printed or typed)  |             |                          |
| _                     | 13143 66th 5t. W   | <b>12</b> J | SEC                      |
| _                     | Largo, Fl. 33773<br>City, State & Zip  | JUN 22 F    | 00 45 KG<br>ARMAN<br>THE |
|                       | 727-536-8882   | PM 3: 5     | RP ST                    |
|                       | Daytime Telephone number   | 5           | TOP<br>TOP               |
|                       | ben.hillard@gmail.com  |             | ঠ                        |
| _                     | E-mail address: (to be used for future annual report notification)   |             |                          |

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

## CASTLE LAW GROUP

Castle Law Group, P.A.



June 19, 2012

Florida Department of State Division Of Corporations New Filing Section PO Box 6327 Tallahassee, FL 32314

Subject: Judgment Day, Inc.

To Whom it may concern:

I, Benjamin Hillard, do hereby give permission for Judgment Day Inc. to be used by my Corporation Judgment Day LLC.

Please contact our office if you have any questions. Thank you

13143 66<sup>th</sup> Street North Largo, Florida 33773 Telephone: (727) 536-8882 Facsimile: (727) 536-7739

12 JUN 22 PH 3: 51

SECNLIKTY OF STATE

Sincerely,

Castle Law Group, P.A.

enjamin Hillard, Esquire

## ARTICLES OF INCORPORATION ...

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

NS

| ARTICLE I                   | NAME   |                                      | _   |                    | OF CENTERAL                          | Y UF STATE<br>ORPORATIO |
|-----------------------------|--|--------------------------------------|---|--------------------|--------------------------------------|-------------------------|
| •                           | corporation shall be:                          | Judgme                               | ent Day                                       | Frc.               |                                      |                         |
| ARTICLE II                  | PRINCIPAL OF                                   | <b>O</b>                             | ł   |                    | 12 JUN 22                            | PM 3: 51                |
| <u> </u>                    | Principal stre                                 | et address                           | 1   |                    | address, if different is:            |                         |
| •                           |  | 56th 5t. N                           | <u>'</u>                                      |                    |                                      |                         |
|                             |  | <u> </u>                             | <u>)                                     </u> |                    |                                      |                         |
| ARTICLE III                 | PURPOSE  |                                      |   |                    |                                      |                         |
| The purpose for             | which the corporatio                           | · .                                  |   |                    |                                      |                         |
| H                           | tny law  | -ful p                               | urpose  | •                  |                                      |                         |
|                             |  |                                      |   |                    |                                      |                         |
| ARTICLE IV The number of sh |  | 00                                   |   |                    |                                      |                         |
| ARTICLE V                   | INITIAL OFFIC                                  | ERŞ AND/OR DI                        | RECTORS                                       |                    |                                      |                         |
| Name and ' Address:         | Title: Ben 14                                  | 111ard 6<br>3-66 Th 5                | Name  | and Title:         |                                      |                         |
| Audiess.                    | hara   | 0 , FL 33                            | 773 Addit                                     |                    |                                      |                         |
|                             |  |                                      |   | <del></del> -      |                                      |                         |
|                             |  |                                      |   |                    |                                      | <del></del>             |
| Address:                    |  | <del></del>                          |   |                    |                                      | <del></del>             |
|                             |  | -                                    |   |                    |                                      |                         |
| Name and                    | Title:   |                                      | Name  | and Title:         |                                      |                         |
| Address:                    |  |                                      |   |                    |                                      |                         |
|                             |  |                                      |   |                    |                                      |                         |
| ARTICI.E VI                 | REGISTERED A                                   | AGENT                                |   |                    |                                      |                         |
|                             | lorida street address                          | (P.O. Box NOT acc                    | ceptable) of the regi                         | stered agent is:   |                                      |                         |
| Name:<br>Address:           | 1216   | 13-66~5                              | ·   |                    |                                      |                         |
| Addiess.                    |  | o FL 3                               |   |                    |                                      |                         |
| ARTICLE VII                 | INCORPORATO                                    | ).<br>DR                             |   |                    |                                      |                         |
| The <u>name and a</u>       | ddress of the Incorpor                         | ator is:                             | 4   |                    |                                      |                         |
| Name:<br>Address:           | <u> 15 e</u>                                   | n Hillara                            | <u> </u>                                      |                    |                                      |                         |
| Audioss.                    | La   | 143 66"                              | 33773   |                    |                                      |                         |
| Having been na              |  | •                                    |   | e above stated cor | poration at the place de             | esignated in            |
|                             | am familiar with and                           |                                      |   |                    |                                      |                         |
|                             |  |                                      |   | -                  | 1-19-                                | 2017                    |
|                             | Required S                                     | gnature/Registered                   | Agent   | <del></del>        | 6-19-<br>Date                        |                         |
| I aubunit ala               |  |                                      | -   | ana anna attaca    | - Cala a information - 1             | L                       |
|                             | cument and affirm th<br>Department of State of |                                      |   |                    | e false information sul<br>155, F.S. | omittea in a            |
|                             |  |                                      |   |                    | _                                    | 0010                    |
|                             | Required                                       | Signature/Incorpor                   | rator   |                    | 0-17-<br>Date                        | 2012                    |
|                             | - Noquity                                      | الالتا المحلولة المرزاء ووووو والمرا |   |                    | Date                                 | -                       |