

P12000090602

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

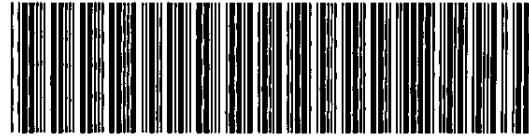
(Business Entity Name)

(Document Number)

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

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Office Use Only



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10/26/12--01016--007 \*\*78.75

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
12 OCT 26 PM 12:21

10/29/12

## COVER LETTER

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

**SUBJECT:** Hog Wild Events, 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:** Adam Morejon  
Name (Printed or typed)

4808 Shirley Drive  
Address

Tampa, FL 33603  
City, State & Zip

(813) 766-9706  
Daytime Telephone number

ABSTAMPA@HOTMAIL.COM  
E-mail address: (to be used for future annual report notification)

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

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**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: **Hog Wild Events, Inc.**

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**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
4808 Shirley Drive  
Tampa, FL 33603

Mailing address 12001 26 PM 12: 21

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: **For any and all lawful business.**

**ARTICLE IV SHARES**

The number of shares of stock is: **500 shares common stock, \$1 par value**

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

Name and Title: Adam Morejon, President  
Address: 4808 Shirley Drive  
Tampa, FL 33603

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

Name and Title: David Morejon, Secretary  
Address: 4808 Shirley Drive  
Tampa, FL 33603

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:

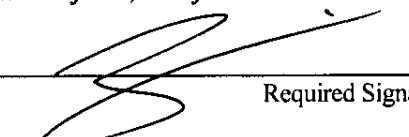
Name: Adam Morejon  
Address: 4808 Shirley Drive  
Tampa, FL 33603

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

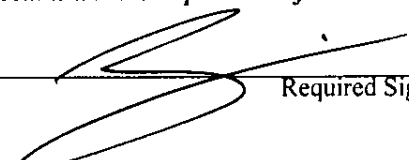
Name: Adam Morejon  
Address: 4808 Shirley Drive  
Tampa, FL 33603

*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

10-24-12  
\_\_\_\_\_  
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

10-24-12  
\_\_\_\_\_  
Date