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SECRETARY OF STATE

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COVER LETTER

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

SUBJECT: WH	ACKO ENTERT	AINMENT IN	
Enclosed are an orig	inal and one (1) copy of the an	ticles of incorporation and	d a check for:
■ \$70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	S78.75 Filing Fee & Certified Copy ADDITIONAL CO	S87.50 Filing Fee, Certified Copy & Certificate of Status OPY REQUIRED
FROM: M	ICHAEL DINTIN		
0.0		e (Printed or typed)	C.E.
93	34 N UNIVERSIT	Y URIVE #2	00

CORAL SPRINGS, FL 33071

Daytime Telephone number

WHACKOENT@AOL.COM

E-mail address: (to be used for future annual report notification)

City, State & Zip

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

EFFECTIVE TAWAY 10014

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

name of the corpo	oration shall be: WHACKO ENT			
	RINCIPAL OFFICE Principal street address VERSITY DRIVE	Mailing a	Mailing address, if different is:	
265	1.00			
ORAL SP	PRINGS, FL 33071	<u> </u>		
TICLE III PU purpose for whice	RPOSE h the corporation is organized is:	ENTERTAINME	NT SERVICES	
-	· · · · · · · · · · · · · · · · · · ·			
<u> </u>				
FICLE IV SI	TARES 50,000,000		.19 DE SECRE TALLAI	
TICLE V IN	TTIAL OFFICERS AND/OR DIRECTOR	S	CAH	
TICLE V IN	TITIAL OFFICERS AND/OR DIRECTOR	S Name and Title:	CAH	
TICLE V IN	ITIAL OFFICERS AND/OR DIRECTOR ILE: MIKE DINTINO PRESIDENT & DIRECTOR	_	DEC 23 AM CRETARY OF PLAHASSEE FL	
Name and Ti	PRESIDENT & DIRECTOR 934 N UNIVERSITY DRIVE	Name and Title:	DEC 23 AM 8: 0 CRETARY OF STALLAHASSEE FLORE	
Name and Ti	ITIAL OFFICERS AND/OR DIRECTOR ILE: MIKE DINTINO PRESIDENT & DIRECTOR	Name and Title:	DEC 23 AM 8: CRETARY OF STA LAHASSEE FLOR	
Name and Ti	PRESIDENT & DIRECTOR 934 N UNIVERSITY DRIVE	Name and Title:	DEC 23 AM 8: 02 CRETARY OF STATE LAHASSEE FLORIDA	
Name and Ti	MIKE DINTINO PRESIDENT & DIRECTOR 934 N UNIVERSITY DRIVE CORAL SPRINGS, FL 33071	Name and Title: Address: Name and Title:	DEC 23 AM 8: 02 CRETARY OF STATE LAHASSEE FLORIDA	
Name and Ti Address	PRESIDENT & DIRECTOR 934 N UNIVERSITY DRIVE CORAL SPRINGS, FL 33071	Name and Title: Address: Name and Title:	DEC 23 AM 8: 08 CRETARY OF STATE LAHASSEE FLORIDA	
Name and Ti Address	PRESIDENT & DIRECTOR 934 N UNIVERSITY DRIVE CORAL SPRINGS, FL 33071	Name and Title: Address: Name and Title:	DEC 23 AM 8: 08 CRETARY OF STATE LAHASSEE FLORIDA	
Name and Ti Address	MIKE DINTINO PRESIDENT & DIRECTOR 934 N UNIVERSITY DRIVE CORAL SPRINGS, FL 33071	Name and Title: Address: Name and Title: Address:	DEC 23 AM 8: 08 CRETARY OF STATE LAHASSEE FLORIDA	

Name an	od Title:	Name and Title:
Address		Address:
ARTICLE VI The name and F Name:	REGISTERED AGENT Iorida street address (P.O. Box NOT acceptable) of INCORP SERVICES, INC.	the registered agent is:
Address:	17888 67TH COURT NORTH LOXACHEE, FL 33470	DEC
Name: Address:	INCORPORATOR Iddress of the Incorporator is: MIKE DINTINO 280 COOK AVENUE YONKERS, NY 10701	23 AM 8: 08 TANY OF STATE ASSEE FLORIDA
Having been nan this certificate, I	ned as registered agent to accept service of process am familiar with and accept the appointment as regi	for the above stated corporation at the place designated in istered agent und agree to act in this capacity
1min	Notal e Bales on beh Required Signature/Registered Agent	half of Incorp Services/Inc. 12/17/13
I substitution documention the	Department of State constitutes a third degree felony Required Signature Incorporator	true. I am aware that the false information submitted in a was provided for in s.817.155, F.S. Description De