

P/400000/17839

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

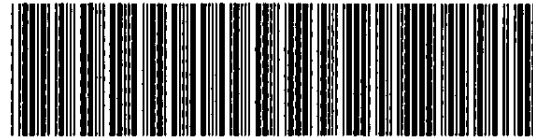
(Business Entity Name)

(Document Number)

Certified Copies ☒ Certificates of Status ☒

Special Instructions to Filing Officer:

Office Use Only



800256907878

02/24/14--01030--024 **87.50

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
14 FEB 24 PM 1:45

[Handwritten signature]
2-27-14

COVER LETTER

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

SUBJECT: Florida Budz, 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: David Shiner

Name (Printed or typed)

95 South Federal Highway, Suite 200

Address

Boca Raton, Florida 33432

City, State & Zip

(561) 368-3363

Daytime Telephone number

info@InCourt.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)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
14 FEB 24 PM 1:45

ARTICLE I NAME

The name of the corporation shall be: Florida Budz, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

95 South Federal Highway, Suite 200

Boca Raton, Florida 33432

Mailing address, if different is:

95 South Federal Highway, Suite 200

Boca Raton, Florida 33432

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: for any and all lawful purposes.

ARTICLE IV SHARES

The number of shares of stock is: 100,000 shares of common stock.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

(conti.)

Name and Title: _____ Name and Title: _____
Address: _____ Address: _____

ARTICLE VI REGISTERED AGENT

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

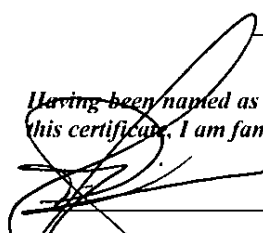
Name: David Shiner
Address: 95 South Federal Highway, Suite 200
Boca Raton, Florida 33432

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: David Shiner
Address: 95 South Federal Highway, Suite 200
Boca Raton, Florida 33432

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

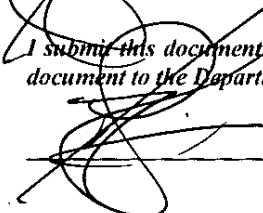


Required Signature/Registered Agent

2/20/2014

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

2/20/2014

Date