

P14 600030142

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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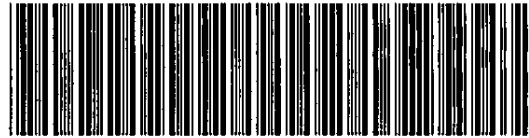
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
14 APR - 2 PM 3:04

2003
2/24/14
4/30/14

COVER LETTER

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

SUBJECT: **Boboclub. Corp**

(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: **Maria Christ**

Name (Printed or typed)

9645 NW 1st Court Apt 104

Address

Pembroke Pines, Florida, 33024

City, State & Zip

(305) 905-5561

Daytime Telephone number

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)

ARTICLE I NAME

The name of the corporation shall be: Boboclub, Corp

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

9645 NW 1st Court Apt 104

Pembroke Pines, Florida,, 33024

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Mobile Applications development
and promotion.

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DIVISION OF CORPORATIONS
14 APR - 2 PM 3:05

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Renato Christ

Name and Title: Julien Mariani

Address: Calle Siracusa 9

Address: Calle Conde De

08012 Barcelona

Peñalver, 6 Derecha

SPAIN

28006 Madrid SPAIN

Name and Title: Geoffroy Lansac

Name and Title: _____

Address: 170 rue gallieni 92100

Address: _____

Boulogne -Billancourt

FRANCE

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: Maria Christ

Address: 9645 NW 1st Court A. 104

Pembroke Pines, Fl, 33024

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Maria Christ

Address: 9645 NW 1st Court A104

Pembroke Pines, Fl, 33024

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

03/24/14

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

03/24/14

Date