

P14600030142

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

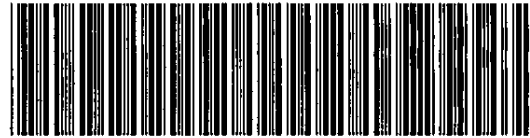
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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

*2003
2/2/14
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 Boboclub, Corp
The name of the corporation shall be: _____

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

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ARTICLE IV SHARES 1000
The number of shares of stock is: _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	<u>Renato Christ</u>	Name and Title:	<u>Julien Mariani</u>
Address	<u>Calle Siracusa 9</u>	Address:	<u>Calle Conde De</u>
	<u>08012 Barcelona</u>		<u>Peñalver, 6 Derecha</u>
	<u>SPAIN</u>		<u>28006 Madrid SPAIN</u>

Name and Title:	<u>Geoffroy Lansac</u>	Name and Title:	_____
Address	<u>170 rue gallieni 92100</u>	Address:	_____
	<u>Boulogne -Billancourt</u>		_____
	<u>FRANCE</u>		_____

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