

P14000090897

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

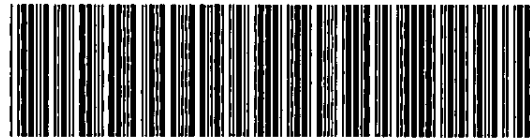
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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11/05/14--01003--007 **87.50

APPROVED
AND
FILED

14 NOV -5 PM 3:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

VH

COVER LETTER

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

SUBJECT: Knock Out Soaps Inc.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

<input type="checkbox"/> \$70.00	<input type="checkbox"/> \$78.75
Filing Fee	Filing Fee & Certificate of Status

☐ \$78.75
Filing Fee
& Certified Copy

~~X~~ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: Steven W. Johnson
Name (Printed or typed)

425 NW 87th street
Address

~~MIAMI~~ Miami, FL 33150
City, State & Zip

305-849-0529
Daytime Telephone number

knockoutsoap@gmail.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)

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AND
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ARTICLE I NAME

The name of the corporation shall be: Knock Out Soaps Inc. 14 NOV -5 PM 3:01

ARTICLE II PRINCIPAL OFFICE

Principal street address

425 NW 87th Street
Miami, FL 33150

Mailing address, if different is:
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: The purpose of the business
is to engage in any lawful activity for which
operations may be incorporated in this state.

ARTICLE IV SHARES

The number of shares of stock is: 10,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Steve Johnson-President Name and Title: _____

Address: 425 NW 87th Street Address: _____
Miami, FL 33150

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

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AND
FILED

(conti.)

14 NOV -5 PM 3:01

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE VI REGISTERED AGENT

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

Name: Steve Johnson
Address: 425 NW 87th street
Miami, FL 33150

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Steve Johnson
Address: 425 NW 87th street
Miami, FL 33150

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

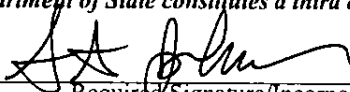


Required Signature/Registered Agent

10/21/2014

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

10/21/2014

Date