

P15000036069

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

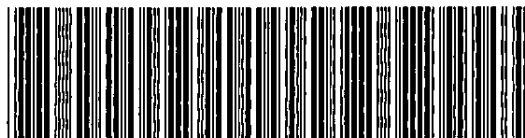
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

APR 22 2015

T. SCOTT



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15 APR 21 AM 11:58

RECEIVED

RECEIVED
15 APR 21 AM 10:58
DIVISION OF GOV. EMPLOY.



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 20, 2015

CORPORATION SERVICE COMPANY
ATTN: COURTNEY WILLIAMS

SUBJECT: XB USA INC.
Ref. Number: W15000026354

We have received your document for XB USA INC. and the authorization to debit your account in the amount of \$70.00. However, the document has not been filed and is being returned for the following:

The registered agent designated in your document is not an active entity according to our records. Please reinstate this entity call (850) 245-6059 for information) or designate another entity that is active according to our records.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Tyrone Scott
Regulatory Specialist II
New Filings Section

Letter Number: 415A00007798

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 590418 7381131

AUTHORIZATION :

Spencer

COST LIMIT : \$ 70.00

ORDER DATE : April 15, 2015

ORDER TIME : 1:51 PM

ORDER NO. : 590418-005

CUSTOMER NO: 7381131

DOMESTIC FILING

NAME: XB USA INC.

EFFECTIVE DATE:

XX ARTICLES OF INCORPORATION
 CERTIFICATE OF LIMITED PARTNERSHIP
 ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams - EXT. 62935

EXAMINER'S INITIALS: _____

COVER LETTER

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

SUBJECT: XB USA 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

[illegible]

FROM: MR. ROCKY HODGE
Name (Printed or typed)
2405 PRINCETON STREET, SUITE 2
Address
ORLANDO, FLORIDA, 34802
City, State & Zip
905-537-5647
Daytime Telephone number
rocky@drinkbomb.com
E-mail address: (to be used for future annual report notification)

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

(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: Corporation Service Company
Address: 1201 Hayes St
Tallahassee, FL 32301

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Rocky Hodge
Address: 10 Hempstead Drive, Unit 4
Hamilton, Ontario, Canada L8W 2E7

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

By: _____


Required Signature/Registered Agent

Harry B. Davis
Asst. Vice President

4/21/15
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

Apr 11/15
Date