

P150001814113

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H15000181411 3)))



H150001814113ABCW

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : EXPRESS CORPORATE FILING SERVICE INC.
Account Number : I20000000146
Phone : (305)444-4994
Fax Number : (305)444-4977

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please**

Email Address: _____

**FLORIDA PROFIT/NON PROFIT CORPORATION
TRUE BOXING, INC.**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

15 JUL 27 PM 2:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

15 JUL 27 AM 8:33

FILED

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAMEThe name of the corporation shall be: TRUE BOXING, INC.**ARTICLE II PRINCIPAL OFFICE**Principal street address

Mailing address, if different is:

18520 NW 67th AVE# 309MIAMI, FL 33015**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: _____

ANY AND ALL LAWFUL BUSINESS**ARTICLE IV SHARES**The number of shares of stock is: SHARES: 100**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: Bennel Philogene (PSD)

Name and Title: _____

Address 18520 NW 67th Ave

Address: _____

Suite: 309Miami, FL 33015

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

FILED
 15 JUL 27 AM 8:33
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

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

ARTICLE VI REGISTERED AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Bennel Philogene
Address: 18520 NW 67th Ave #309
Miami, FL 33015

ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

Name: Bennel Philogene
Address: 18520 NW 67th Ave # 309
Miami, FL 33015

FILED
15 JUL 27 AM 8:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

Bennel Philogene
Required Signature/Registered Agent

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.

Bennel Philogene
Required Signature/Incorporator

Date