

P/60000 70800

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

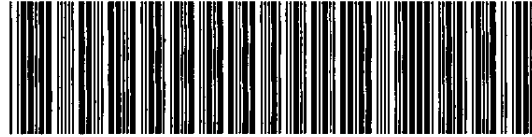
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300282631403

02/29/16--01023--003 **78.75

FILED
-16 FEB 29 PM 4:38
ALLA... FLORIDA

MAR - 7 2016
S. GILBERT

COVER LETTER

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

SUBJECT: Uhoogig 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: Amaury Lendeborg
Name (Printed or typed)
18459 Pines Blvd # 226
Address
Pembroke Pines, FL. 33029
City, State & Zip
786-266-1667
Daytime Telephone number
Alendeborg@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)

ARTICLE I NAME

The name of the corporation shall be: Uhoogig Corp

ARTICLE II PRINCIPAL OFFICE

Principal street address
18459 Pines Blvd # 226

Pembroke Pines, FL. 33029

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Is a website marketplace where entertainers can advertize their services to the public

ARTICLE IV SHARES

10,000

The number of shares of stock is:

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Amaury Lendeborg P

Address: 18459 Pines Blvd # 226

Pembroke Pines, FL. 33029

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

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: Amaury Lendeborg
Address: 18459 Pines Blvd # 226
Pembroke Pines FL 33029

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Amaury Lendeborg
Address: 18459 Pines Blvd # 226
Pembroke Pines, FL. 33029

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

Required Signature/Registered Agent
2/23/16
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
2/23/16
Date