P16000026343

Division of Corporati... Page ... of 1

Florida Department of State
Division of Corporations
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FLORIDA PROFIT/NON PROFIT CORPORATION

4 Buds, Inc.

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	$78.75

108248

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 22, 2016

CORP USA

,

SUBJECT: 4 FRIENDS, INC.
REF: W16000021301

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Valerie Herring
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(4)

H16000071114

COVER LETTER

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

SUBJECT: 4 Buds 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	☑ $78.75 Filing Fee & Certified Copy	☐ $87.50 Filing Fee, Certified Copy & Certificate of Status

ADDITIONAL COPY REQUIRED

FROM: MICHAEL BECKER
Name (Printed or typed)

1800 S. OCEAN DRIVE #1002
Address

HALLANDALE BEACH, FL 33009
City, State & Zip

786-838-5374
Daytime Telephone number

colecarlot@gmail.com
E-mail address: (to be used for future annual report notification)

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TALLAHASSEE, FLORIDA
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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: 4 Buds Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address	Mailing address, if different is:
c/o BECKER	
1800 S. OCEAN DRIVE #1002	
HALLANDALE BEACH, FL 33009	

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS.

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ARTICLE IV SHARES
The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	MICHAEL BECKER/DIRECTOR	Name and Title:	COLE BECKER/DIRECTOR
Address	1800 S. OCEAN DRIVE #1002	Address:	1800 S. OCEAN DRIVE #1002
	HALLANDALE BEACH, FL 33009		HALLANDALE BEACH, FL 33009
Name and Title:	BERNARDO ESSENFELD/DIRECTOR	Name and Title:	
Address	1457 MARINER WAY	Address:	
	HOLLYWOOD, FL 33019		
Name and Title:		Name and Title:	
Address		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: MICHAEL BECKER

Address: 1800 S. OCEAN DRIVE #1002

HALLANDALE BEACH, FL 33009

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ARTICLE VII INCORPORATOR

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

Name: MICHAEL BECKER

Address: 1800 S. OCEAN DRIVE #1002

HALLANDALE BEACH, FL 33009

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

_____ 3/19/16

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.

_____ 3/19/16

Required Signature/Incorporator Date

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