

P16000042475

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

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16 MAY -9 PM 1:33

SECRETARY OF STATE
TALLAHASSEE FLORIDA

1/4

COVER LETTER

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

SUBJECT: HOT TROPIC PRODUCTIONS, INC

Enclosed is an original and one (1) copy of the Certificate of Domestication and a check for:

FEES:

Certificate of Domestication	\$ 50.00
Articles of Incorporation and Certified Copy	\$ 78.75
Total to domesticate and file	\$128.75

OPTIONAL:

Certificate of Status \$ 8.75

BOB CRAVER

Name (printed or typed)

PO Box 446

Address

VENICE, FL. 34282

City, State & Zip

808-283-2078

Daytime Telephone Number

bob-craver@gmail.com

E-mail address: (to be used for future annual report notification)

CERTIFICATE OF DOMESTICATION

The undersigned, BOB CRAVER, PRESIDENT,
(Name) (Title)

of HOT TROPIC PRODUCTIONS, INC a foreign corporation,
(Corporation Name)
in accordance with s. 607.1801, Florida Statutes, does hereby certify:

1. The date on which corporation was first formed was DECEMBER 31, 1998.
2. The jurisdiction where the above named corporation was first formed, incorporated, or otherwise came into being was MAUI HAWAII.
3. The name of the corporation immediately prior to the filing of this Certificate of Domestication was HOT TROPIC PRODUCTIONS, INC.
4. The name of the corporation, as set forth in its articles of incorporation, to be filed pursuant to s. 607.0202 and 607.0401 with this certificate is HOT TROPIC PRODUCTIONS, INC.
5. The jurisdiction that constituted the seat, siege social, or principal place of business or central administration of the corporation, or any other equivalent jurisdiction under applicable law, immediately before the filing of the Certificate of Domestication was 4460 IKENA PLACE, #50, KAHALO, HI 96741.
6. Attached are Florida articles of incorporation to complete the domestication requirements pursuant to s. 607.1801.

I am PRESIDENT, of HOT TROPIC PRODUCTIONS, INC

and am authorized to sign this Certificate of Domestication on behalf of the corporation and have done so this the 29th day of APRIL, 2016

Bob Craver
(Authorized Signature)

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TALLAHASSEE FLORIDA

Filing Fee:

Certificate of Domestication	\$ 50.00
Articles of Incorporation and Certified Copy	\$ 78.75
Total to domesticate and file	\$128.75

ARTICLES OF INCORPORATION
IN COMPLIANCE WITH CHAPTER 607, F.S.

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TALLAHASSEE FLORIDA

ARTICLE I NAME

THE NAME OF THE CORPORATION SHALL BE:

HOT TROPIX PRODUCTIONS INC.

ARTICLE II PRINCIPAL OFFICE

THE PRINCIPAL PLACE OF BUSINESS/ MAILING ADDRESS IS:

Principal Address

Mailing Address

1567 WATERFORD DR.

VENICE, FL

34292

PO Box 446

VENICE, FL, 34284

ARTICLE III PURPOSE

THE PURPOSE FOR WHICH THE CORPORATION IS ORGANIZED:

CONSULT ON AND PRODUCE

SPECIAL EVENTS

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TALLAHASSEE FLORIDA

ARTICLE IV SHARES

THE NUMBER OF SHARES OF STOCK IS: 1,000

ARTICLE V INITIAL DIRECTORS AND/OR OFFICERS

THE NAME(S) AND ADDRESS(ES) AND SPECIFIC TITLES:

Title/Name

Title/Name

PRESIDENT, SECRETARY, TREASURER

BOB CRAVER

PO Box 446

Title/Name

VENICE, FL.

34284

Title/Name

DIRECTOR

ALLISON CRAVER

PO Box 446

VENICE, FL.

Title/Name

34284

Title/Name

Title/Name

Title/Name

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

THE NAME AND FLORIDA STREET ADDRESS (P.O. BOX NOT ACCEPTABLE) OF THE REGISTERED AGENT IS:

BOB CRAVEN

1567 WATERFORD DR.

VENICE, FL. 34292

ARTICLE VII INCORPORATOR

THE NAME AND ADDRESS OF THE INCORPORATOR IS:

BOB CRAVEN

1567 WATERFORD DR.

VENICE, FL 34292

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TALLAHASSEE FLORIDA

**HAVING BEEN NAMED AS REGISTERED AGENT AND 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.**

Bob Craven
Signature/Registered Agent

4/29/16
Date

Bob Craven
Signature/Incorporator

4/29/16
Date