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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

A. Gulligan MAY 23 2016

**COVER LETTER**

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

SUBJECT: Cube King 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 Bancroft  
Name (Printed or typed)

22545 SW. 66<sup>th</sup> Ave, # 205  
Address

Boca Raton, FL 33428  
City, State & Zip

561-305-2166  
Daytime Telephone number

mike@officeworks.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: Cube King Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

22545 SW 66<sup>th</sup> Ave  
Boca Raton, FL 33428

Same

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Office Furniture Sales

**ARTICLE IV SHARES**

The number of shares of stock is: 1000

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**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Michael Bancroft, CEO Name and Title: \_\_\_\_\_

Address: 22,545 SW 66<sup>th</sup> Ave. #205 Address: \_\_\_\_\_  
Boca Raton, FL 33428

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

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 ~~Bancroft~~ Bancroft  
Address: 22545 SW 66<sup>th</sup> Ave #205  
Boca Raton, FL 33428

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TALLAHASSEE FLORIDA

**ARTICLE VII INCORPORATOR**

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

Name: Michael Bancroft  
Address: 22545 SW 66<sup>th</sup> Ave #205  
Boca Raton, FL 33428


**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: 5/12/16. (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 5/12/16 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 5/12/16 Date