

P160000 59864

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

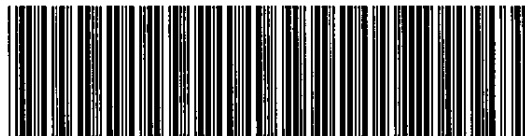
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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07/11/16--01038--017 **78.75

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2016 JUN 11 PM 12:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

EIN 81-3128370

COVER LETTER

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

SUBJECT: WRECKLESS ARMADILLO BREWING 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

SECRETARY OF STATE
TALLAHASSEE, FL 32310

2016 JUN 11 PM 12:36

FROM: TODD D. KNOWLSON
Name (Printed or typed)

1664 CITRINE TR
Address

TARPON SPRINGS, FL 34689
City, State & Zip

813 494 8920
Daytime Telephone number

ironmantodd1@yahoo.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: WRECKLESS ARMADILLO BROWNING INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

1664 CITRINE TR

TARPON SPRINGS, FL

34689

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: TO MANUFACTURE, SELL AND

DISTRIBUTE ALCOHOLIC BEVERAGES - BEER, MALT.

THIS BUSINESS WILL HAVE A TASTING ROOM
ON PREMISES.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: TODD D KNOWLSON PRESIDENT Name and Title: VICKY KNOWLSON VICE PRESIDENT

Address: 1664 CITRINE TR Address: 1664 CITRINE TR

TARPON SPRINGS FL 34689

TARPON SPRINGS FL 34689

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: VICKY KNOWLSON
Address: 1664 CITRUS TR
DARPO SPRING FL 34689

ARTICLE VII INCORPORATOR

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

Name: TOON KNOWLSON
Address: 1664 CITRUS TR
DARPO SPRING, FL 34689

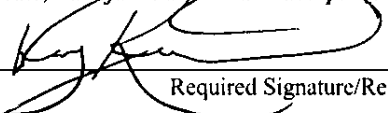
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 7/6/16 (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.)

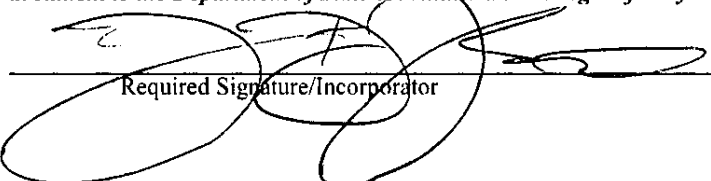
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

7/6/16
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

7/6/16
Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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