

P/6000090170

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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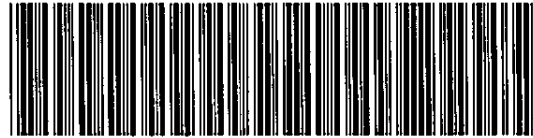
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
NOV -4 PM 2:15

11/10/16

COVER LETTER

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

SUBJECT: Easy Change Sport Co.
(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 \$78.75
Filing Fee Filing Fee
 & Certificate of Status

\$78.75	\$87.50
Filing Fee	Filing Fee,
& Certified Copy	Certified Copy
	& Certificate of
	Status
ADDITIONAL COPY REQUIRED	

FROM: Cathy Straka
Name (Printed or typed)

1650 S. Hillcrest Ave.
Address

Clearwater, FL 33756
City, State & Zip

(727) 417-9230
Daytime Telephone number

My5penquins@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: Easy Change Sport Co.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

1650 S. Hillcrest Ave.
Clearwater, FL 33756

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: New business in the state of Florida.

ARTICLE IV SHARES

The number of shares of stock is: one

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Cathy Straka - President Name and Title: _____

Address 1650 S. Hillcrest Ave. Address: _____
Clearwater, FL
33756

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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DIVISION OF CORPORATE REGISTRATION
NOV 14 PM 2:15

Address

Address:

ARTICLE VI. REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: Cathy Straka

Name:

Cathy Straka

Address:

1650 S. Hillcrest Ave
Clearwater, FL 33756

ARTICLE VII. INCORPORATOR

The name and address of the incorporator is:

Cathy Straka

Name:

Cathy Straka

Address:

1650 S. Hillcrest Ave.
Clearwater, FL 33756

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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:

Cathy Straka

Required Signature/Registered Agent

11-1-2016

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.917.155, F.S.

Cathy Straka

Required Signature/Incorporator

11-1-2016

Date