

From:

6/21/2017 15:27

#319 P.001/003

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Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850)617-6381

From:

Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.  
Account Number : 075350000353  
Phone : (800)221-2972  
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DIVISION OF CORPORATIONS  
BUREAU OF COMMERCIAL  
INFORMATION SERVICES

FLORIDA PROFIT/NON PROFIT CORPORATION

The Mad Botter Inc.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$70.00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

17 JUN 21 AM 8:46

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Corporate Filing Menu

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JUN 22 2017

T. SCOTT

From:

06/21/2017 15:27

#319 P.002/003

**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: The Mad Botter Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

515 Royal Ridge Street

Valrico, FL 33549

Mailing address, if different is:

515 Royal Ridge Street

Valrico, FL 33549

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: to engage in any lawful act or activity for  
which corporations may be organized.

**ARTICLE IV SHARES**

The number of shares of stock is: 100

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

Name and Title: Michael Dominick/ Director

Address: 515 Royal Ridge Street

Valrico, FL 33549

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

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

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

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

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

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

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

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

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CLERK OF SUPERIOR COURT  
FLORIDA

17 JUN 21 AM 8:46

APPROVAL  
AND  
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From:

06/21/2017 16:27

#319 P.003/003

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 Dominick  
Address: 515 Royal Ridge Street  
Valrico, FL 33549

**ARTICLE VII INCORPORATOR**

The name and address of the incorporator is:

Name: Michael Dominick  
Address: 515 Royal Ridge Street  
Valrico, FL 33549

**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.

(Signature) \_\_\_\_\_ Date \_\_\_\_\_  
Required Signature Registered Agent

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.

(Signature) \_\_\_\_\_ Date \_\_\_\_\_  
Required Signature Incorporator