

P/7000054858

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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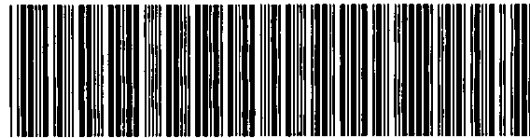
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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06/22/17--01018--013 **70.00

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17 JUN 22 AM 11:41
CLERK OF COURT
JAN 10 2017 10:00A

[Signature] 06/26/17

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be: HOCKEYJOHNS INC

ARTICLE II. PRINCIPAL OFFICE

Principal ~~street~~ address

Mailing address, if different is:

102 CAPRI ISLES BLVD #202
VENICE FL 34292

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: PROFIT

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: MARK MCCAUSLIN, PRESIDENT

Name and Title: _____

Address 102 CAPRI ISLES BLVD #202
VENICE FL 34292

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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JACKSONVILLE, 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: FRED BEYER
Address: 411 MAYFAIR DR
VENICE FL 34293

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: MARK MCCAUSLAND
Address: 102 CAPRI ISLES BLVD #202
VENICE FL 34292

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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 days prior or 90 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

FRB
Required Signature/Registered Agent

6/17/17
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.

Mark McCausland
Required Signature/Incorporator

6/17/17
Date