P17000085930

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Name	e)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer;	

Office Use Only

N. SAMS OCT 25 2017



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TALLAHASSEE FLORE

Department of State Divisions of Corporations PO Box 6327 Tallahassee FL 32314

Re: CHAOS COVINGTON INC

To whom it may concern:

Please find enclosed the Articles of Incorporation and check #1082 for processing regarding CHAOS COVINGTON INC. I, Colby Covington, President of CHAOS COVINGTON INC, have no plans to reinstate this company but would like the Articles of Incorporation processed on as soon as possible. I understand the effective date will be for 2017.

Please process this request at your earliest convenience, should you have any further questions, please do not hesitate to contact me at 954-774-7727

Sincerely,

Colby Covington,

President

Chaos Covington Inc.

17 007 23 FH 3: 3:

COVER LETTER

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

SUBJECT: CHAOS	S COVINGTON INC		
50bdEC1	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	ginal and one (1) copy of the art	icles of incorporation and	d 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 CO	PY REQUIRED
FROM:	DLBY COVINGTON Name	e (Printed or typed)	
575	0 N STATE ROAD 7		
		Address	
CO	CONUT CREEK FL 33073		
	City.	State & Zip	
954	1-774-7727		
	Daytime 1	'elephone number	
MC	WENS@SOUTHFLORIDATAXES		
	E-mail address: (to be use	d for future annual report i	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)

	tion shall be: CHAOS COVINGTON INC		
<u>ARTICLE II PRINC</u> 5750 N STATE ROAD	Principal street address	Mailing a	iddress, if different is:
COCONUT CREEK F			
IRTICLE III PURPO	<u>OSE</u> he corporation is organized is:	ALL LAWFUL BUSINES	S
_			OCT 23
he number of shares of	stock is:		4 3: 33 FLUhasi
he number of shares of RTICLE V_ INITIA	stock is:		Supplied to the supplied to th
The number of shares of the number of the number of the number of shares of the number of th	stock is:	Name and Title:	Supplied to the supplied to th
ARTICLE VINITIA	stock is: AL OFFICERS AND/OR DIRECTORS COLBY COVINGTON, PRESIDENT :		Supplied to the supplied to th
The number of shares of shares of shares of share and Title Name and Title	AL OFFICERS AND/OR DIRECTORS COLBY COVINGTON, PRESIDENT 5750 N STATE ROAD 7	Name and Title:	Supplied to the supplied to th
The number of shares of ARTICLE V INITIA Name and Title Address	AL OFFICERS AND/OR DIRECTORS COLBY COVINGTON, PRESIDENT 5750 N STATE ROAD 7	Name and Title: Address:	3: 33 3: 33
The number of shares of ARTICLE V INITIA Name and Title Address	AL OFFICERS AND/OR DIRECTORS COLBY COVINGTON, PRESIDENT 5750 N STATE ROAD 7 COCONUT CREEK FL 33073	Name and Title:Address:	3: 33 3: 33
The number of shares of IRTICLE V INITIA Name and Title Address	AL OFFICERS AND/OR DIRECTORS COLBY COVINGTON, PRESIDENT 5750 N STATE ROAD 7 COCONUT CREEK FL 33073	Name and Title:Address:	3: 33
The number of shares of IRTICLE V INITIAL Name and Title Address Name and Title Address	AL OFFICERS AND/OR DIRECTORS COLBY COVINGTON, PRESIDENT 5750 N STATE ROAD 7 COCONUT CREEK FL 33073	Name and Title: Address: Name and Title: Address:	3: 33

Name a	nd Title:	Name and Title:	
Addres		Address:	
		_	
ADTICLE VI	REGISTERED AGENT		
	Florida street address (P.O. Box NOT acceptable	e) of the registered agent is:	
Name:	DAVID J COHEN		17
Address:	4171 W HILLSBORO BLVD, STE 8		100T
	COCONUT CREEK FL 33073		23 1
OTICLE VII	INCORPORATOR		PK 3: 33
AKTICLE FIL	<u>ENCORPORATOR</u>		- Samuel 33
The <u>name and a</u>	address of the Incorporator is:		3
Name:	COLEMAN & COHEN LLC		
Address:	4171 W HILLSBORO BLVD, STE 8		
	COCONUT CREEK FL 33073	_	
40#161 F 1/10	PPPPPPHE A APP		
Effective date, i		. (OPTIONA	L)
(If an effective filing.)	date is listed, the date must be specific and car	not be more than five days	prior or 90 days after the
Note: If the dat	e inserted in this block does not meet the applical effective date on the Department of State's record	ble statutory filing requiremen ls.	its, this date will not be listed:
Having been na	med segistered agent to accept service of proc	vess for the above stated corpo	oration at the place designated
this certificate,	day familiar with and accept the appointment as	registered agent and agree to	act in this capacity
1/1			10/20/17
	Required Signature/Registered Agent		Date
I submit this do document to the	current and affirm that the facts stated herein a Department of State constitutes a third degree fe	ire true. I am aware that the lony as provided for in s.817.	false information submitted i
			10/20/17
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