

PT7000091252

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

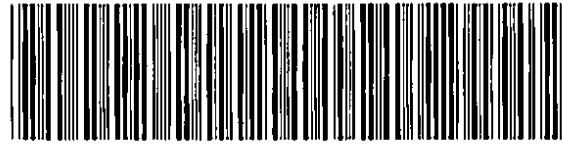
Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer

Office Use Only

M. MOON

NOV 15 2017



600304456906

RECEIVED  
17 NOV 14 PM 4:31

17 NOV 14 AM 8:34  
STATE  
JCA

**FLORIDA FILING & SEARCH SERVICES, INC.**

**P.O. BOX 10662 TALLAHASSEE, FL 32302  
155 Office Plaza Dr Ste A Tallahassee FL 32301  
PHONE: (800) 435-9371; FAX: (866) 860-8395**

---

**DATE: 11/14/17**

**NAME: ATK ENTERTAINMENT, INC**

**TYPE OF FILING: ARTICLES**

**COST: 78.75**

**RETURN: CERTIFIED COPY PLEASE**

---

**ACCOUNT: FCA000000015**

**AUTHORIZATION: ABBIE/PAUL HODGE**

*Paul Hodge*  
TX NOV 14 AM 8:34  
FCA  
ST-7E  
NOV

---

**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: ATK ENTERTAINMENT, INC.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

3914 ISLAND ESTATES DRIVE

3000 MARCUS AVE., SUITE 3W4

AVENTURA, FL 33160

LAKE SUCCESS, NY 11042

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: ENTERTAINMENT PROMOTION

**ARTICLE IV SHARES**

The number of shares of stock is: 100

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

Name and Title: ASAHD KHALED - PRESIDENT

Name and Title: KHALED KHALED - SECRETARY

Address: 3914 ISLAND ESTATES DRIVE

Address: 3914 ISLAND ESTATES DRIVE

AVENTURA, FL 33160

AVENTURA, FL 33160

Name and Title: NICOLE TUCK - TREASURER

Name and Title: ASAHD KHALED - DIRECTOR

Address: 3914 ISLAND ESTATES DRIVE

Address: 3914 ISLAND ESTATES DRIVE

AVENTURA, FL 33160

AVENTURA, FL 33160

Name and Title: NICOLE TUCK - DIRECTOR

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

Address: 3914 ISLAND ESTATES DRIVE

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

AVENTURA, FL 33160

17 NOV 14 AM 8:34  
STATE OF 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: NICOLE TUCK

Address: 3914 ISLAND ESTATES DRIVE

AVENTURA, FL 33160

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: CELESTE RHINE

Address: P.O. BOX 686

MENTONE, CA 92359

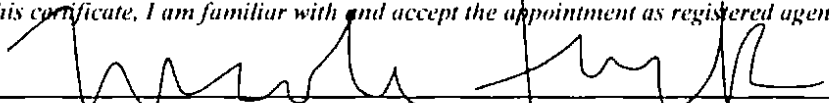
**ARTICLE VIII EFFECTIVE DATE:**

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*

  
\_\_\_\_\_  
Required Signature/Registered Agent

11/10/2017

\_\_\_\_\_  
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

11/14/17

\_\_\_\_\_  
Date

17 NOV 14 AM 8:34  
RECEIVED