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(Requestor's Name)

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(City/State/Zip/Phone #)

☐ PICK-UP

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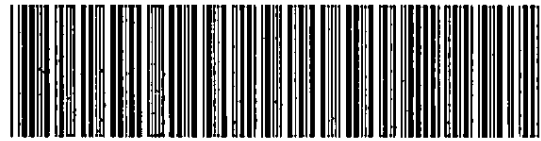
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D O'KEEFE

FEB 26 2018

COVER LETTER

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

SUBJECT: Armaker Inc.
(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 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 COPY REQUIRED

FROM: Armaker Horne
Name (Printed or typed)

9625 Waynes boro ave
Address

Jacksonville, FL 32208
City, State & Zip

(904) 305-2665
Daytime Telephone number

Armakerh@yahoo.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: Armaker Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

9625 Wgynes boro ave
Jacksonville, FL 32208

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: This corporation purpose is
to engage in any lawful activities for which
corporations may be formed, according to the
laws of the state.

ARTICLE IV SHARES

The number of shares of stock is: Common Stock (voting rights) 10,000,000 Shares

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Armaker Horne / President Name and Title: Armaker Horne / Secretary

Address: 9625 Wgynes boro ave Address: 9625 Wgynes boro ave
Jacksonville, FL 32208 Jacksonville, FL 32208

Name and Title: Armaker Horne / Treasurer Name and Title: _____

Address: 9625 Wgynes boro ave Address: _____
Jacksonville, FL 32208

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

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TALLAHASSEE, 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: Armaker Horne
Address: 9625 Waynes boro ave
Jacksonville, FL 32208

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Armaker Horne
Address: 9625 Waynes boro ave
Jacksonville, FL 32208

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TALLAHASSEE, FLORIDA

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]
Required Signature/Registered Agent

2/19/18
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.

[Signature]
Required Signature/Incorporator

2/19/18
Date