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Division of Corporations
Electronic Filing Cover Sheet

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

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (614) 280-3338
Fax Number : (954) 208-0845

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION

Little Bear Holdings II, Inc.

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

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JUL 23 2018

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

ARTICLE I NAME Little Bear Holdings II, Inc.
The name of the corporation shall be: _____

ARTICLE II PRINCIPAL OFFICE
Principal street address
1926 10th Avenue North, Suite 400
Lake Worth, Florida 33461

Mailing address, if different is: _____

ARTICLE III PURPOSE To transact any or all lawful business for which corporations may be
The purpose for which the corporation is organized is: _____
incorporated under the Florida Business Corporation Act as it now exists or may hereafter be amended or supplemented.

ARTICLE IV SHARES 100
The number of shares of stock is: _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Daniel Benamoz - President/Treasurer
Address: 1926 10th Avenue North, Suite 400
Lake Worth, Florida 33461

Name and Title: Josh Weisfeld - Secretary/Asst. Treasury
Address: 1926 10th Avenue North, Suite 400
Lake Worth, Florida 33461

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

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SECRETARY OF STATE
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: C T Corporation System
 Address: 1200 South Pine Island Road
 Plantation, FL 33324

ARTICLE VII INCORPORATOR

The name and address of the incorporator is:

Name: ACFB Incorporated
 Address: 200 Public Square, Suite 2300
 Cleveland, Ohio 44070

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.*

C T Corporation System James M. Halpin 07/20/2018
 By: James M. Halpin Assistant Secretary 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.

James M. Halpin Assistant Secretary 7/20/18
 Required Signature/Incorporator Date