

**PIE000102240**

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

From:  
Account Name : ZIMMERMAN, KISER, & SUTCLIFFE, P.A.  
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\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: corporate@zkslawfirm.com

**FLORIDA PROFIT/NON PROFIT CORPORATION**  
**Shoot Straight Lakeland Holding Co., Inc.**

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FLORIDA  
DIVISION OF CORPORATIONS

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**COVER LETTER**

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

**SUBJECT:** SHOOT STRAIGHT LAKELAND HOLDING CO., 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:** Amy E. Jellicorse, Esq.  
Name (Printed or typed)  
315 E. Robinson Street, Suite 600  
Address  
Orlando, Florida 32801  
City, State & Zip  
407-425-7010  
Daytime Telephone number  
corporate@zkslawfirm.com  
E-mail address: (to be used for future annual report notification)

**NOTE: Please provide the original and one copy of the articles.**

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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: Shoot Straight Lakeland Holding Co., Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal <u>street</u> address	Mailing address, if different is:
1349 South Orange Blossom Trail	1349 South Orange Blossom Trail
Apopka, Florida 32703	Apopka, Florida 32703

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Any and all lawful business

**ARTICLE IV SHARES**

The number of shares of stock is: 7500

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

Name and Title: DPST	Name and Title:
Address: Khaled Alkawi	Address:
1349 South Orange Blossom Trail	
Apopka, Florida 32703	

Name and Title:	Name and Title:
Address:	Address:

Name and Title:	Name and Title:
Address:	Address:

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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: Khaled Akkawi

Address: 1349 South Orange Blossom Trail  
Apopka Florida 32700

**ARTICLE VII INCORPORATOR**

The name and address of the incorporator is:

Name: Khaled Akkawi

Address: 1349 South Orange Blossom Trail  
Apopka, Florida 32703

**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.

\_\_\_\_\_  
 Required Signature/Registered Agent 12/20/18  
Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted to a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

\_\_\_\_\_  
 Required Signature/Incorporator 12/20/18  
Date

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