

P19000008894

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

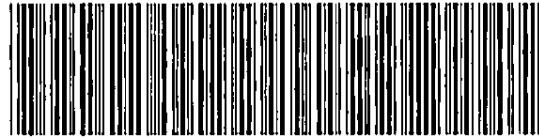
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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19 JAN 31 PM 6:28

2019 JAN 31 AM 9:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

SUNSHINE CORPORATE FILING OF FLORIDA INC.

3458 Lakeshore Drive, Tallahassee, Florida 32312

(850) 656-4724

DATE 1/31/2019

****WALK IN****

ENTITY NAME KING OF CHRISTMAS INC.

DOCUMENT NUMBER _____

****PLEASE FILE THE ATTACHED AND RETURN****

XXX

Plain Copy

Certified Copy

Certificate of Status

****PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY****

Certified Copy of Arts & Amendments

Certificate of Good Standing

****APOSTILLE' / NOTARIAL CERTIFICATION****

COUNTRY OF DESTINATION _____

NUMBER OF CERTIFICATES REQUESTED _____

TOTAL OWED \$70.00

CHECK # 5721

Please call Tina at the above number for any issues or concerns. Thank you so much!

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

ARTICLE I NAME KING OF CHRISTMAS INC
The name of the corporation shall be: _____

ARTICLE II PRINCIPAL OFFICE
Principal street address _____ Mailing address, if different is: _____
407 Lincoln Rd., Suite 503 _____
Miami Beach, FL 33139 _____

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: Any and all lawful business.

ARTICLE IV SHARES 1,000
The number of shares of stock is: _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

| | |
|--|---|
| Name and Title: David Lakein, Director | Name and Title: David Lakein, Secretary |
| Address: 407 Lincoln Rd., Suite 503 | Address: 407 Lincoln Rd., Suite 503 |
| Miami Beach, FL 33139 | Miami Beach, FL 33139 |
| _____ | _____ |
| Name and Title: David Lakein, President | Name and Title: David Lakein, Treasurer |
| Address: 407 Lincoln Rd., Suite 503 | Address: 407 Lincoln Rd., Suite 503 |
| Miami Beach, FL 33139 | Miami Beach, FL 33139 |
| _____ | _____ |
| Name and Title: David Lakein, Vice President | Name and Title: _____ |
| Address: 407 Lincoln Rd., Suite 503 | Address: _____ |
| Miami Beach, FL 33139 | _____ |
| _____ | _____ |

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2018 JAN 31 AM 9:51
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: InCorp Services, Inc.
 Address: 17888 67th Court North
Loxahatchee, Florida 33470

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: David Lakeln
 Address: 407 Lincoln Rd., Suite 503
Miami Beach, FL 33139

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

Sarah Bale _____ 1/31/19
 Required Signature/Registered Agent 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.

Da _____ 1-31-19
 Required Signature/Incorporator Date