

2019

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

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

From:

Account Name : BRENNAN, MANNA & DIAMOND, P.L.
Account Number : I20040000104
Phone : (904)366-1500
Fax Number : (904)366-1501

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

Email Address: mtjackson@bmdpl.com

FLORIDA PROFIT/NON PROFIT CORPORATION

One Eyed King, Inc.

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

Electronic Filing Menu

Corporate Filing Menu

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FEB 11 2019

COVER LETTER

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

SUBJECT: ONE EYED KING, 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: Matthew T. Jackson

Name (Printed or typed)

800 W. Monroe Street

Address

Jacksonville, Florida 32202

City, State & Zip

904-366-1500

Daytime Telephone number

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 ONE EYED KING, INC.
The name of the corporation shall be: _____

ARTICLE II PRINCIPAL OFFICE

Principal street address
14402 Marina San Pablo Place, #206
Jacksonville, Florida 32224

Mailing address, if different is: _____

ARTICLE III PURPOSE

All lawful purposes.
The purpose for which the corporation is organized is: _____

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

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: William M. Hart, President

Name and Title: _____

Address 14402 Marina San Pablo Place, #206
Jacksonville, Florida 32224

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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FILED

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

ARTICLE VI REGISTERED AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Matthew T. Jackson, Esq.
Address: 800 W. Monroe Street
Jacksonville, Florida 32202

ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

Name: William M. Hart
Address: 14402 Marina San Pablo Place, #206
Jacksonville, Florida 32224

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
2/6/19
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
1/30/2019
Date