

P19000012225

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

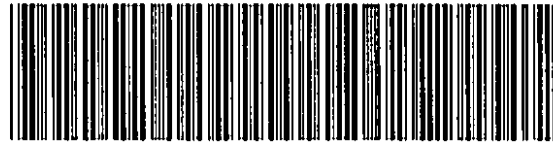
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FEB 13 2019

K Brumbley

COVER LETTER

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

SUBJECT: PLAYAS MOB ENTERTAINMENT CORPORATION
(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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status
ADDITIONAL COPY REQUIRED

FROM: RON HOGAN
Name (Printed or typed)

712 N 19th
Address

Ft Pierce FL 34950
City, State & Zip

772- 252- 0926 OR 772 461-4898
Daytime Telephone number

RON HOGAN 772 @ Gmail . C OM
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: PLAYAS MOB Entertainment corporation

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

712 N 19th Ft. Pierce

FL 34950

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: A New Entertainment
Company.

ARTICLE IV SHARES

The number of shares of stock is: one

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: RON HOGAN

Name and Title: owner and C.E.O

Address 712 N 19th Ft. Pierce

Address: RON HOGAN

FL 34950

712 N 19th

owner and C.E.O

Ft. Pierce FL 34950

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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: RON HOGAN

Address: 712 N 19th St

Ft. Pierce FL 34950

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: RON HOGAN

Address: 712 N 19th Ft. Pierce

FL, 34950

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

Ron Hogan

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.

Ron Hogan

Required Signature/Incorporator

2-6-19

Date