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To:

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

From:

Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.
Account Number : 075350000353
Phone : (800)221-2972
Fax Number : (888)692-9256

****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 10K CLUB HOLDING COMPANY INC.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$70.00

850-617-6381

3/29/2019 11:40:09 AM PAGE 1/001 Fax Server



March 29, 2019

FLORIDA DEPARTMENT OF STATE
Division of Corporations

BLUMBERG EXCELSIOR CORPORATE

SUBJECT: 10K CLUB HOLDING COMPANY INC
REF: W19000031936

We have received your document for 10K CLUB HOLDING COMPANY INC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

INCOMPLETE DOCUMENT.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Keyna E Page
Regulatory Specialist II

FAX Aud. #: H19000103298
Letter Number: 519A00006273

ARTICLES OF INCORPORATION

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

ARTICLE I NAMEThe name of the corporation shall be: 10K CLUB HOLDING COMPANY INC.**ARTICLE II PRINCIPAL OFFICE**Principal street address

Mailing address, if different is:

16711 Collins Avenue, Suite 220416711 Collins Avenue, Suite 2204Sunny Isles, FL 33160Sunny Isles, FL 33160**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: Influencer Marketing Agency**ARTICLE IV SHARES**The number of shares of stock is: 200 NPV**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: Jason Shurka - Director

Name and Title: _____

Address 16711 Collins Avenue, Suite 2204

Address: _____

Sunny Isles, FL 33160

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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: Jason Shurka
 Address: 16711 Collins Avenue, Suite 2204
Sunny Isles, FL 33160

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Jason Shurka
 Address: 16711 Collins Avenue, Suite 2204
Sunny Isles, FL 33160

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)
 (If an effective date is listed, the date must be at least 10 days prior to the date of filing.)

Note: If the date inserted in this block does not meet the Department's effective date on the Department's

statutory filing requirements, this date will not be listed as

Having been named as registered agent in this certificate, I am familiar with and accept:

responsibility for the above stated corporation at the place designated in this certificate as registered agent and agree to act in this capacity.

 Required Signature/Registered Agent

03/19/2019

 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

03/19/2019

 Date