

PI9 0000 33386

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

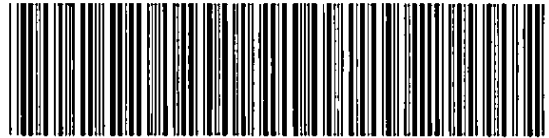
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900328276949

04/23/19--01001--001 **78.75

2019 APR 22 PM 11:21

FILED

19 APR 22 PM 3:02

2019 APR 22 PM 11:21

19 APR 22 PM 3:02

PK

COVER LETTER

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

SUBJECT: ARDON ENTERPRISES, 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 ☐ \$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: CLIFFORD WALKER

Name (Printed or typed)

2728 DAVIE BLVD SUITE 72

Address

FORT LAUDERDALE FL 33312

City, State & Zip

954-947-3167

Daytime Telephone number

AVALANCHEFINI@GMAIL.COM

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: ARDON ENTERPRISES, INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

2728 DAVIE BLVD SUITE 72

FT LAUDERDALE, FL 33312

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ANY AND ALL LAWFUL PURPOSES

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: DANIEL ARDON, PRESIDENT

Name and Title: _____

Address 1100 WILSHIRE BLVD

Address: _____

LOS ANGELES, CA 90017

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

FILED
2019 APR 22 PM 11:20
CLERK OF DISTRICT COURT
CLERK OF DISTRICT COURT

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: CLIFFORD WALKER _____

Address: 2728 DAVIE BLVD SUITE 72 _____

FORT LAUDERDALE, FL 33312 _____

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: CLIFFORD WALKER _____

Address: 2728 DAVIE BLVD SUITE 72 _____

FORT LAUDERDALE FL 33312 _____

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

4-19-2019

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

4-19-2019

Date