

P190000067773

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

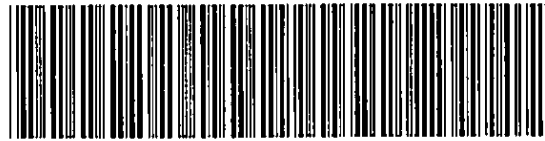
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19 AUG 30 PM 3:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2019 AUG 30 AM 9:46

FILED

SEP - 3 2019

K. Brumbley

Sunshine State Corporate Compliance Company

3458 Lakeshore Drive, Tallahassee, Florida 32312

(850) 656-4724

DATE 8/30/2019

****WALK IN****

ENTITY NAME A Nother Block Co. Inc

DOCUMENT NUMBER _____

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

XXXX

Plain Copy

Certified Copy

Certificate of Status

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

Certified Copy of Arts & Amendments

Certificate of Good Standing

Cert. Copy of Restated Arts & Amends if available. If not provide Cert. Copy of Arts & Amends.

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

COUNTRY OF DESTINATION _____

NUMBER OF CERTIFICATES REQUESTED _____

TOTAL OWED 70.00

CHECK # 6554

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

The name of the corporation shall be: A Nother Block Co. Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

115 Applewood Dr.

Greenacres, FL 33463

ARTICLE III PURPOSE

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

ARTICLE IV SHARES

The number of shares of stock is: 1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Deborah Kay Perkins, Director

Address: 115 Applewood Dr.
Greenacres, FL 33463

Name and Title: Deborah Kay Perkins, Secretary

Address: 115 Applewood Dr.
Greenacres, FL 33463

Name and Title: Deborah Kay Perkins, President

Address: 115 Applewood Dr.
Greenacres, FL 33463

Name and Title: Deborah Kay Perkins, Treasurer

Address: 115 Applewood Dr.
Greenacres, FL 33463

Name and Title: Deborah Kay Perkins, Vice President

Address: 115 Applewood Dr.
Greenacres, FL 33463

Name and Title:

Address:

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2019 AUG 30 AM 9:45
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: Deborah Kay Perkins

Address: 115 Applewood Dr.

Greenacres, FL 33463

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Ed Tsuji

Address: 187 E. Warm Springs Rd., Ste. B

Las Vegas, NV 89119

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

Deborah Kay Perkins
Required Signature/Registered Agent

8/29/2019
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.

[Signature]
Required Signature/Incorporator

08/29/2019
Date