

P19000049001

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

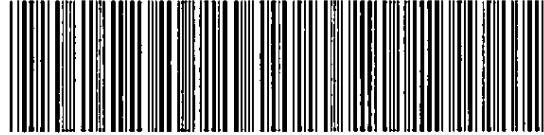
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



500337649575

FILED

2019 DEC -4 PM 3:48

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 075102 7658329

AUTHORIZATION :

*[Signature]*

COST LIMIT : \$ 70.00

ORDER DATE : December 4, 2019

ORDER TIME : 3:23 PM

ORDER NO. : 075102-005

CUSTOMER NO: 7658329

FILED  
2019 DEC -4 PM 3:48  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOMESTIC FILING

NAME: BUKKEHAVE HOLDING CORPORATION

EFFECTIVE DATE:

☒ ARTICLES OF INCORPORATION  
☐ CERTIFICATE OF LIMITED PARTNERSHIP  
☐ ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

☐ CERTIFIED COPY  
☒ PLAIN STAMPED COPY  
☐ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Amanda Robinson - EXT. 62968

EXAMINER'S INITIALS: \_\_\_\_\_

19 DEC -4 AM 4:55

**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: Bukkehave Holding Corporation

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

1850 Eller Drive

Suite 402

Ft. Lauderdale, Florida 33316

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: to own the shares of Bukkehave Inc. and any and all other lawful purposes.

**ARTICLE IV SHARES**

The number of shares of stock is: 100 shares of Common Stock, par value \$0.01 per share

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Christian Haar Director, CEO and President

Name and Title: \_\_\_\_\_

Address 2420 Sea Island Drive

Address: \_\_\_\_\_

Ft. Lauderdale, Florida 33301

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_

FILED  
2019 DEC -4 PM 3:48  
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: Robert Burnett, Esq.  
 Address: 2800 Glades Circle, Suite 149  
 Weston, Florida 33327

**ARTICLE VII INCORPORATOR**The **name and address** of the Incorporator is:

Name: Christian Haar  
 Address: 2420 Sea Island Drive  
 Ft. Lauderdale, Florida 33301

FILED  
 2019 DEC -4 PM 3:48  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

**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***ROBERT BURNETT**

12/4/2019

Required Signature/Registered Agent

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.***Christian Haar**

12/4/2019

Required Signature/Incorporator

Date