

P20000012826

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

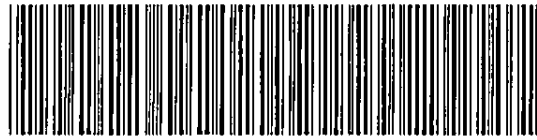
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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20 FEB 12 11:39

2020 FEB 12 PM 1:49
SECRETARY OF STATE
TALLAHASSEE, FL

FILED

N CULLIGAN
FEB 13 2020

Sunshine State Corporate Compliance Company

3458 Lakeshore Drive Tallahassee, Florida 32312

(850) 656-4724

DATE 2/12/2020

****WALK IN****

ENTITY NAME: ROGER OUTDOORS INC

DOCUMENT NUMBER _____

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

XXXXXXX

Plain Copy
Certified Copy
Certificate of Status

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

Certified Copy of Arts & Amendments
Certified Copy of Arts & Amendments Complete File (Including Annual Reports)
Certificate of Status
Certificate of Status Reflecting: _____

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

COUNTRY OF DESTINATION _____

NUMBER OF CERTIFICATES REQUESTED _____

TOTAL OWED \$ 78.75

ACCOUNT # 12016000072

W: c DW

Please call Tina at the above number for any issues or concerns. Thank you so much!

COVER LETTER

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

SUBJECT: Roger Outdoors 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 Filing Fee
 \$78.75 Filing Fee
& Certificate of Status

<input checked="" type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: Dolore Burton c/o United Corporate Services, Inc.

Name (Printed or typed)

100 State Street, Suite 800

Address

Albany, NY 12207

City, State & Zip

8778949049

Daytime Telephone number

terry@lureoutdoor.com

E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

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

SECRETARY OF STATE
TALLAHASSEE, FL

ARTICLE I NAME Roger Outdoors Inc
The name of the corporation shall be: _____

ARTICLE II PRINCIPAL OFFICE
Principal street address
5 Mackerel St
Ponte Vedra, Beach FL 32082

Mailing address, if different is:
5 Mackerel St
Ponte Vedra, Beach FL 32082

ARTICLE III PURPOSE To engage in any lawful act or activity permitted by law.
The purpose for which the corporation is organized is: _____

ARTICLE IV SHARES 200 Common No Par Value
The number of shares of stock is: _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Theresa Cantone, P.S.VP,T & Director Name and Title: _____
Address: 5 Mackerel St Address: _____
Ponte Vedra, Beach FL 32082

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: Theresa Cantone
 Address: 5 Mackerel St
Ponte Vedra, Beach FL 32082

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Theresa Cantone
 Address: 5 Mackerel St
Ponte Vedra, Beach FL 32082

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

/s/ Theresa Cantone 2/11/2020
 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.

/s/ Theresa Cantone 2/11/2020
 Required Signature/Incorporator Date

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 SECRETARY OF STATE
 TALLAHASSEE, FL

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