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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

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

From:

Account Name : CAPITOL SERVICES, INC.
Account Number : 120160000017
Phone : (855) 498-5500
Fax Number : (800) 432-3622

****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
BAR NONE USA INC.**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

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

ARTICLE I NAMEThe name of the corporation shall be: Bar None USA Inc.**ARTICLE II PRINCIPAL OFFICE**Principal ~~street~~ address1717 NORTH BAYSHORE DRIVESUITE 213MIAMI, FLORIDA 33132

Mailing address, if different is:

ARTICLE III PURPOSEThe purpose for which the corporation is organized is: Any and all lawful business.**ARTICLE IV SHARES**The number of shares of stock is: 5,000**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: DAVID GRIMES, PRESIDENTAddress 1717 NORTH BAYSHORE DRIVESUITE 213MIAMI, FLORIDA 33132Name and Title: DAVID GRIMES, SECRETARYAddress: 1717 NORTH BAYSHORE DRIVESUITE 213MIAMI, FLORIDA 33132Name and Title: DAVID GRIMES, TREASURERAddress 1717 NORTH BAYSHORE DRIVESUITE 213MIAMI, FLORIDA 33132

Name and Title: _____

Address: _____

Name and Title: _____

Address _____

Name and Title: _____

Address: _____

Name and Title: _____ Name and Title: _____
Address: _____ Address: _____

ARTICLE VI REGISTERED AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Capitol Corporate Services, Inc.
Address: 515 E Park Ave. Floor 2
Tallahassee, FL 32301

ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

Name: DAVID GRIMES
Address: 1717 NORTH BAYSHORE DRIVE, SUITE 213
MIAMI, FLORIDA 33132

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

Kim Tadlock Kim Tadlock, Asst. Sec. on behalf
of Capitol Corporate Services, Inc.
Required Signature/Registered Agent
10/27/2020
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

Date

Oct 27/20.