P21000017022

	(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:
	· ·
	į





900358672599

01/26/21--01020--004 **70.00

77/11 25 ET 1:0

COVER LETTER

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

SUBJECT: ANGRY BULL I INC.	TE NAME – <u>MUST INCLU</u>	JDE SUFFIX)
Enclosed are an original and one (1) copy of the arti	icles of incorporation and	a check for:
✓ \$70.00 □ \$78.75 Filing Fee	☐ \$78.75 Filing Fee & Certified Copy ADDITIONAL CO	☐ \$87.50 Filing Fee, Certified Copy & Certificate of Status
FROM: ERIC JASON Name	· · · · · · · · · · · · · · · · · · ·	
FORT PIERCE, FLO.4. (772) 302-649 Daytime	•	
ALLAN EX PECT 137 C T. E-mail address: (to be use	AHOU. COM ed for future annual report	notification)
NOTE: Please provide the o	original and one copy o	f the articles.

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

RTICLE II PRIN		INC.	
	CIPAL OFFICE Principal street address		Mailing address, if different is:
FORT PIERCE, FL	AVENUE 0000 34945		
IRTICLE III PURF	POSE the corporation is organized is: FOR 1	ROFIT	
	of stock is: SQU		
Name and Tit Address	13490 ORTNGE AVENUE		
Address	131 10 0,01,000 1,00000	_ Address.	·
	FORT PIERCE, FLU SINA 3499	ts and the same of	
Name and Titl	<u> </u>	_	
	v:	Name and Title:	1
Name and Titl Address	e:	Name and Title: Address:	
	e:	Name and Title: Address:	· · · · · · · · · · · · · · · · · · ·
Address	e:	Name and Title: Address:	· · · · · · · · · · · · · · · · · · ·
Address	e:	Name and Title: Address: Name and Title:	2
Address Name and Title	e:	Name and Title: Address: Name and Title:	

Name and Title:_		Name and Title:	
Address _		Address:	
-			
-			.
<u>ARTICLE VI REGIST</u> The name and F <u>lorida st</u>	<u>"ERED AGENT"</u> reet address (P.O. Box NOT acceptab	le) of the registered agent is:	
•	11c JASON		
Address: <u>J3</u>	490 ORANGE AVENUE	<u>:</u>	
for	T PIERCE, FLORIDA 3	4945	
<u>ARTICLE VII INCOR</u>	<u>PORATOR</u>		
The name and address of	f the Incorporator is:		52
Name:	ERIC JASON		<u>-</u>
Address: _	13490 ORMGE AVENUE FORT PIERCE, FLORIDA	<u>lÉ</u>	0 5.
	CORT PIERCE, FLORIDA	174945	:
<u>ARTICLE VIII _ EFFE</u>	CTIVE DATE:		• • • • • • • • • • • • • • • • • • •
Effective date, if other th	nan the date of filing: 1/17/2/ sted, the date must be specific and	(OPTIONAL cannot be more than five days	•
filing.)			
	d in this block does not meet the appli- date on the Department of State's rec		nts, this date will not be
Having been named as r	egistered agent to accept service of pro	cess for the above stated corporat	tion at the place designat
certificate, I am familiar	with and accept the appointment as re	egistered agent and agree to uct it	n this capacity
X Zan	Required Signature/Registered Ager		× 1/22/2/
			Color in Comment in the
I submit this document document to the Depart	and affirm that the facts stated herei ent of State constitutes a third degree	n are true. I am aware that the felony as provided for in s.817.1	jaise injormation subm 55, F.S. – ₁
V Fin V	2507		× 1/22/21
/			Date: