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(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

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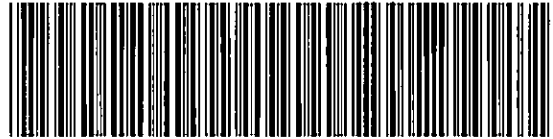
(Business Entity Name)

(Document Number)

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

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## COVER LETTER

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

SUBJECT: "THE HOLE" SOUTHSIDE TALLAHASSEE 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      ☐ \$78.75  
Filing Fee      Filing Fee  
                         & Certificate of Status

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

FROM: "THE HOLE" SOUTHSIDE TALLAHASSEE INC.  
Name (Printed or typed)

3030 SOUTH ADAMS STREET  
Address

TALLAHASSEE FLORIDA 32301  
City, State & Zip

850-510-3692  
Daytime Telephone number

NESER KHUFU@YAHOO.COM  
E-mail address: (to be used for future annual report notification)

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

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: "THE HOLE" SOUTHSIDE TALLAHASSEE INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

3030 SOUTH ADAMS ST  
32301 TALL FL

614 HOWARD AVE  
TALL FL 32310

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: A PARK FOR COMMUNITY EVENTS

ARTICLE IV SHARES

The number of shares of stock is: 500,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: WESER KILFU | P Name and Title: \_\_\_\_\_

Address 614 HOWARD AVE Address: \_\_\_\_\_  
TALL, FL  
32310

Name and Title: N/A Name and Title: N/A

Address N/A Address: N/A

Name and Title: N/A Name and Title: N/A

Address N/A Address: N/A

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TALLAHASSEE, FL

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

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

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

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

**ARTICLE VI REGISTERED AGENT**

The **name and Florida street address** (P.O. Box **NOT** acceptable) of the registered agent is:

Name: WESER KILUFU

Address: 614 HOWARD AVE  
TALL, FL 32310

**ARTICLE VII INCORPORATOR**

The **name and address** of the Incorporator is:

Name: WESER KILUFU

Address: 614 HOWARD AVE  
TALL FL 32310

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: 6/14/21 Weser Kilufu (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*

Weser Kilufu  
Required Signature/Registered Agent

6/14/21  
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.*

Weser Kilufu  
Required Signature/Incorporator

6/14/21  
Date

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