

P21000067921

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☒ WAIT

☐ MAIL

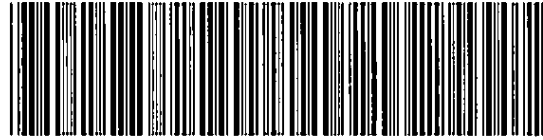
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



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2021 JUL 27 AM 11:38  
SECRETARY OF STATE  
TALLAHASSEE, FL

07/27/21--01018--004 \*\*70.00

RECEIVED  
2021 JUL 27 AM 11:17  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

## COVER LETTER

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

SUBJECT: Cowboys Night Club, 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 type="checkbox"/> \$78.75	<input type="checkbox"/> \$87.50
Filing Fee	Filing Fee,
& Certified Copy	Certified Copy
	& Certificate of
	Status

**ADDITIONAL COPY REQUIRED**

FROM:	Arica L Norman
	Name (Printed or typed)
	22671 SR 247
	Address
	Lake City, FL 32024
	City, State & Zip
	386-984-5906
	Daytime Telephone number
	arica.kegroom@gmail.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)

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TALLAHASSEE, FL

ARTICLE I NAME

The name of the corporation shall be: Cowboys Night Club, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address  
22671 SR 247  
Branford, FL 32024

Mailing address, if different is:  
PO Box 177  
Branford FL 32008

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: The purpose for the organization of this corporation is a new business opening.

ARTICLE IV SHARES

The number of shares of stock is: 2

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Adrian I Land II President  
Address: 137 SE Land Road  
Branford FL 32008

Name and Title: Arica L Norman Vice President  
Address: 5736 SE County Road 500  
Branford FL 32008

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

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

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

Name and Title: \_\_\_\_\_  
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: Arica L Norman  
 Address: 5736 SE County Road 500  
Branford FL 32008

**ARTICLE VII INCORPORATOR**

The name and address of the incorporator is:

Name: Arica L Norman  
 Address: 5736 SE County Road 500  
Branford FL 32008

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: 07/20/2021 (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*

Arica L. Norman

Required Signature/Registered Agent

7/22/2021

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.*

Arica L. Norman

Required Signature/Incorporator

7/22/2021

Date

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 TALLAHASSEE, FL

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