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ALLAHASSEE, FLORIDA

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COVER LETTER

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

SUBJECT: XL Entertain	ment Co	ر ۹
(PROPOSED CORPORAT	-	JDR SUFFIX)
Enclosed are an original and one (1) copy of the artic	cles of incorporation and	l a check for:
© \$70.00 □ \$78.75 Filing Fee Filing Fee & Certificate of Status	□ \$78.75 Filing Fee & Certified Copy ADDITIONAL CO	□ \$87.50 Filing Fee. Certified Copy & Certificate of Status DPY REQUIRED
141 41 NW 157	(Printed or typed) (Address)	
950-570-	5 5 1 6 0 State & Zip 5 1 1 4 elephone number	
alenny Q comca	5+. Ne+ I for future annual report	notification)

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

TICLE II PRINCIPAL OFFICE Principal street address	Mailing address, if different is:
Miami PL 33168	
ETICLE III PURPOSE e purpose for which the corporation is organized is:	
	SECR SECR
	EP -9 PH
	E S 3 9 F A D
e number of shares of stock is:	
Name and Title:	Name and Title: V [25] Q P T
[2] [2] [2] [3]	Varidox
Name and Title: All Novel Address 14 4 Novel 33	Name and Title: V [15] All The Address:
Name and Title: Address Name and Title: Address Name and Title: Address	Name and Title: V (15) C (1) Address: Name and Title: Address:
Name and Title: Address 4441 NH 15+ Wigmi, FC 33 Name and Title:	Name and Title: VCSICENT 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 NO)	Facceptable) of the registered agent is:	
Name: 1/lan Vouce	Λ	
111111111111111111111111111111111111111	Yting	
Address:	711/	
Migmi FC	77100	
ARTICLE VII INCORPORATOR		
The <u>name and address</u> of the Incorporator is:		
Name: DRAA VOUC	<u> </u>	
Address: 4	1 HW	
Miami FL	53164	
(
ARTICLE VIII EFFECTIVE DATE:		
Effective date, if other than the date of filing: (If an effective date is listed, the date must be spec	. (OPTION rific and cannot be more than five da	
filing.)		, ,
Note: If the date inserted in this block does not mee	t the applicable statutory filing requirer	nents, this date will not be listed as
the document's effective date on the Department of S	State's records.	
Having been named as registered agent to accept serv	ice of process for the above stated corpo	oration at the place designated in this
certificate. I am familiar with and accept the appoint	ment as registered agent and agree to ac	
Man Voja Kontired Signature/Regista		
Required Signature/Registe	ered Agent	Date
I submit this document and affirm that the facts sta document to the Department of State constitutes a thi		
	. a. aAr ez Yenrañ an hanzanen Yan 111 an 11	1 1
Required Signature/Ingorphorator		Date $\frac{9/9/21}{}$
\checkmark		

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