

P2100005149

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H21000462557 3)))



H210004625573ABC%

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

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

From:

Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.
Account Number : 075350000353
Phone : (800) 221-2972
Fax Number : (917) 243-5843

****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

HOOPLA INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$70.00

2021 DEC 21 AM 10:09

ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED

2021 DEC 21 PM 4:01

ARTICLES OF INCORPORATION

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

ARTICLE I NAMEThe name of the corporation shall be: HOOPLA INC.**ARTICLE II PRINCIPAL OFFICE**Principal street address266 SE CALMO CIRCLEPORT ST. LUCIE, FL 34984

Mailing address, if different is:

266 SE CALMO CIRCLEPORT ST. LUCIE, FL 34984**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: to engage in any lawful act or activity for
which corporations may be organized.**ARTICLE IV SHARES**The number of shares of stock is 200**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title DAMIEN MUDGE/PRESIDENTAddress 266 SE CALMO CIRCLEPORT ST. LUCIE, FL 34984

Name and Title

Address:

Name and Title

Address

Name and Title

Address:

Name and Title

Address

Name and Title

Address

2021 DEC 21 11:43:01

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: DAMIEN MUDGE

Address: 266 SE CALMO CIRCLE

PORT ST. LUCIE, FL 34984

ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

Name: DAMIEN MUDGE

Address: 266 SE CALMO CIRCLE

PORT ST. LUCIE, FL 34984

2021 DEC 21 PM 4:01

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 business days prior or 90 business 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*

 Required Signature/Registered Agent

 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.

 Required Signature/Incorporator

 Date