

P22000032887

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.

((H22000160229 3)))



H220001602293ABCY

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 : HUBCO
Account Number : 104662003400
Phone : (516)935-3940
Fax Number : (516)935-3088

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

RWILLIAMS166@GMAIL.COM

Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION

Warrior Investments Inc

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$78.75

RECEIVED
2022 MAY -3 PM 3:52
DIVISION OF CORPORATIONS
BUREAU OF COMMERCIAL
REGISTRATION SERVICES

2022 MAY -3 AM 11:09

FILED

Electronic Filing Menu

Corporate Filing Menu

Help

H22000160229

ARTICLES OF INCORPORATION

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

ARTICLE I NAMEThe name of the corporation shall be: Warrior Investments Inc**ARTICLE II PRINCIPAL OFFICE**Principal street address

Mailing address, if different is:

998 N. Temple AveStarke, FL 32091**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: Any Legal or Lawful Purpose**ARTICLE IV SHARES**The number of shares of stock is: 1,000 at No Par Value**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: Randall Williams - President/Director

Name and Title: _____

Address 998 N. Temple Ave

Address: _____

Starke, FL 32091

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

FILED
2022 MAY -3 AM 11:03
CLERK OF CIRCUIT COURT
JULIA BOYD, CLERK

H22000160229

H22000160229

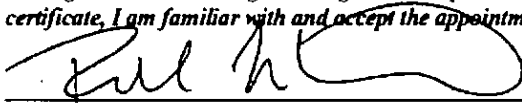
Name and Title: _____ Name and Title: _____

Address _____ Address: _____

ARTICLE VI REGISTERED AGENTThe **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:Name: Randall WilliamsAddress: 998 N. Temple Ave
Starke, FL 32091**ARTICLE VII INCORPORATOR**The **name and address** of the Incorporator is:Name: Randall WilliamsAddress: 998 N. Temple Ave
Starke, FL 32091**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 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*

Required Signature/Registered Agent

April 29, 2022

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

April 29, 2022

Date

H22000160229