

P'22000053351

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

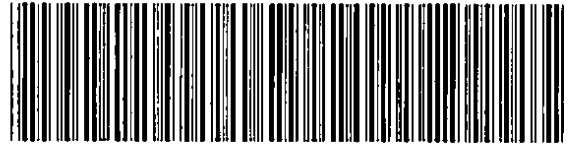
(Business Entity Name)

(Document Number)

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2022 JUN 30 AM 9:31
DEPARTMENT OF STATE
CORRECTION CENTER

FILED

2022 JUN 30 AM 11:22
DEPARTMENT OF STATE
ALLAHASSIE, P.T.O.

RECEIVED

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195
REFERENCE : 779570 4336537
AUTHORIZATION : *[Signature]*
COST LIMIT : \$70.00

2022 JUN 30 AM 9:31
OFFICE OF STATE
ATTORNEY GENERAL
TALLAHASSEE, FLORIDA

FILED

ORDER DATE : June 29, 2022
ORDER TIME : 9:33 AM
ORDER NO. : 779570-005
CUSTOMER NO: 4336537

DOMESTIC FILING

NAME: 2 OF SPADES, INC.

EFFECTIVE DATE:

XX ARTICLES OF INCORPORATION
 CERTIFICATE OF LIMITED PARTNERSHIP
 ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Eyllena Baker - EXT.

EXAMINER'S INITIALS: _____

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: 2 of Spades, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address
9208 Bay Hill Boulevard
Orlando, Florida 32819

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Entertainment

2022 JUN 30 14:51:31
STATE OF FLORIDA
CORPORATION DIVISION

ARTICLE IV SHARES

The number of shares of stock is: 10,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Stephanie Andrea Arcila, President
Address: 9208 Bay Hill Boulevard
Orlando, Florida 32819

Name and Title: Stephanie Andrea Arcila, Secretary
Address: 9208 Bay Hill Boulevard
Orlando, Florida 32819

Name and Title: Stephanie Andrea Arcila, Treasurer
Address: 9208 Bay Hill Boulevard
Orlando, Florida 32819

Name and Title: Stephanie Andrea Arcila, Director
Address: 9208 Bay Hill Boulevard
Orlando, Florida 32819

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: Corporation Service Company
Address: 1201 Hays Street
Tallahassee, FL 32301

2022 JUN 30 AM 9:31
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

ARTICLE VII INCORPORATOR

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

Name: Andrea Mitchell
Address: 450 North Roxbury Drive, 8th Floor
Beverly Hills, California 90210

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

Eylina Bahor
Assistant Vice President

Required Signature/Registered Agent

06/30/2022

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.

Andrea Mitchell

Required Signature/Incorporator

6/29/2022

Date