

# P23000007462

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

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

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**\*\*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  
AK BOXING INC**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$70.00

**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: AK BOXING INC**ARTICLE II PRINCIPAL OFFICE**Principal street address

Mailing address, if different is:

901 BRICKELL KEY BLVD APT 1009901 BRICKELL KEY BLVD APT 1009MIAMI, FL 33131MIAMI, FL 33131**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: CONSULTING AND MANAGEMENT**ARTICLE IV SHARES**The number of shares of stock is: 1000 with par value \$0.01**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: ADAM KOWNACKI, President

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

Address: 901 BRICKELL KEY BLVD APT 1009

Address: \_\_\_\_\_

MIAMI, FL 33131

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

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

Address: \_\_\_\_\_

Address: \_\_\_\_\_

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

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

Address: \_\_\_\_\_

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: ADAM KOWNACKI  
Address: 901 BRICKELL KEY BLVD APT 1009  
MIAMI, FL 33131

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: ADAM KOWNACKI  
Address: 901 BRICKELL KEY BLVD APT 1009  
MIAMI, FL 33131

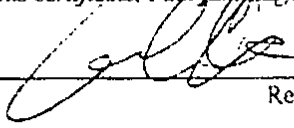
**ARTICLE VIII EFFECTIVE DATE:**

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.)

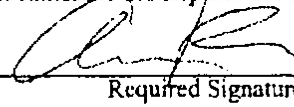
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*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

1/27/2023  
\_\_\_\_\_  
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

1/27/2023  
\_\_\_\_\_  
Date