

P 23000039907

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

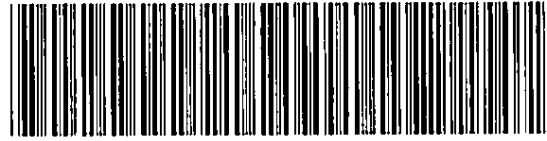
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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05/19/23--01001--012 **20.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

23 MAR 19 PM 4: 34
2023 MAY 19 AM 11: 49

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RECEIVED

**CORPORATE
ACCESS,
INC.**

When you need ACCESS to the world

236 East 6th Avenue, Tallahassee, Florida 32303
P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666, Fax (850) 222-1666

WALK IN

PICK UP: Cat 5/19

CERTIFIED COPY _____

PHOTOCOPY _____

CUS _____

FILING INC _____

1. ARMADA ENTERTAINMENT INC
(CORPORATE NAME AND DOCUMENT #)
2. _____
(CORPORATE NAME AND DOCUMENT #)
3. _____
(CORPORATE NAME AND DOCUMENT #)
4. _____
(CORPORATE NAME AND DOCUMENT #)
5. _____
(CORPORATE NAME AND DOCUMENT #)
6. _____
(CORPORATE NAME AND DOCUMENT #)

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REG. CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA

SPECIAL INSTRUCTIONS:

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: Armada Entertainment Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

4528 Center Gate Blvd

Sarasota, FL 34233

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: All lawful purposes

AR. 6.

ARTICLE IV SHARES

The number of shares of stock is: 200

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: David Hummel, Director

Name and Title: _____

Address 4528 Center Gate Blvd

Address: _____

Sarasota, FL 34233

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: David Hummel
 Address: 4528 Center Gate Blvd
Sarasota, FL 34233

ARTICLE VII INCORPORATOR

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

Name: David Hummel
 Address: 4528 Center Gate Blvd
Sarasota, FL 34233

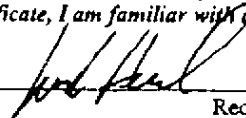
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ARTICLE VIII EFFECTIVE DATE:

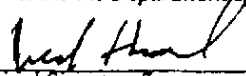
Effective date, if other than the date of filing: _____ (OPTIONAL)
 (If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

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

 05/19/2023
 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.

 05/19/2023
 Required Signature/Incorporator Date