

PR3000086752

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.

((H23000432455 3)))



H230004324553ABC

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)813-1184
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.****

Email Address: kennethtaxman@gmail.com

FLORIDA PROFIT/NON PROFIT CORPORATION
TICKETS, NEED TICKETS INC.

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

2023 DEC 20 AM 10:26

REC'D

DEC 20

2023 DEC 20 AM 11:17
BILL/AM/SEC/INT

H23000432455

ARTICLES OF INCORPORATION

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

ARTICLE I NAMEThe name of the corporation shall be: TICKETS, NEED TICKETS INC.**ARTICLE II PRINCIPAL OFFICE**Principal street address603 MASTHEAD COURTTAMPA, FL 33602

Mailing address, if different is:

ARTICLE III PURPOSEThe purpose for which the corporation is organized is: TICKET SALES**ARTICLE IV SHARES**The number of shares of stock is: 1,500 at No Par Value**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: STEVEN APRILL - President/DirectorAddress 603 MASTHEAD COURTTAMPA, FL 33602

Name and Title: _____

Address: _____

Name and Title: JESSICA APRILL - Secretary/DirectorAddress 603 MASTHEAD COURTTAMPA, FL 33602

Name and Title: _____

Address: _____

Name and Title: _____

Address _____

Name and Title: _____

Address: _____

H23000432455

H23000432455

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: STEVEN APRILL
Address: 603 MASTHEAD COURT
TAMPA, FL 33602

ARTICLE VII INCORPORATORThe **name and address** of the Incorporator is:

Name: STEVEN APRILL
Address: 603 MASTHEAD COURT
TAMPA, FL 33602

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

X Steven Aprill
Required Signature Registered Agent

DECEMBER 12, 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.

X Steven Aprill
Required Signature Registered Agent

DECEMBER 12, 2023
Date

H23000432455