

200438041842

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

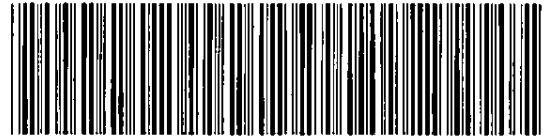
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200438041842

FILED

2024 NOV 21 AM 9:47

STATE
TALLAHASSEE, FL

RECEIVED

2024 NOV 21 AM 10:26

STATE
TALLAHASSEE, FL

Sunshine State Corporate Compliance Company

3458 Lakeshore Drive, Tallahassee, Florida 32312

(850) 656-4724

DATE 11/21/24

****WALK IN****

ENTITY NAME 33 ENTERTAINMENT GROUP INC.

DOCUMENT NUMBER _____

****PLEASE FILE THE ATTACHED AND RETURN****

XXXXXXXXXX

Plain Copy

Certified Copy

Certificate of Status

STATE
TALLAHASSEE, FL

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****PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY****

Certified Copy of Arts & Amendments

Certificate of Good Standing

****APOSTILLE / NOTARIAL CERTIFICATION****

COUNTRY OF DESTINATION _____

NUMBER OF CERTIFICATES REQUESTED _____

TOTAL OWED \$70

ACCOUNT #: I20160000072

E R JH

Please call Tina at the above number for any issues or concerns. Thank you so much!

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: 33 Entertainment Group Inc. _____

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

5772 Mast Avenue, Haines City, FL 33844

5772 Mast Avenue, Haines City, FL 33844

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: _____

To engage in any lawful act permitted by the state of Florida.

ARTICLE IV SHARES

The number of shares of stock is: 200 NPV _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Jamie Adkins, Pres and Director _____ Name and Title: _____

Address 5772 Mast Avenue, _____ Address: _____
Haines City, Florida 33844

Name and Title: Simon Adkins VP/Director _____ Name and Title: _____

Address 5772 Mast Avenue _____ Address: _____
Haines City, Florida 33844

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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CLERK OF CIRCUIT COURT
HAINES CITY, FL

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: Jamie Adkins _____

Address: 5772 Mast Avenue _____

Haines City, FL 33844 _____

ARTICLE VII INCORPORATOR

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

Name: Jamie Adkins _____

Address: 5772 Mast Avenue _____

Haines City, FL 33844 _____

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

/JAMIE ADKINS

Required Signature/Registered Agent

11/20/24

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.

/JAMIE ADKINS

Required Signature/Incorporator

11/20/24

Date

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IN FLORIDA
DEPARTMENT OF STATE