

Florida Department of State
 Division of Corporations
 Electronic Filing Cover Sheet

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

From:
 Account Name : CAPITOL SERVICES, INC.
 Account Number : 120160000017
 Phone : (855)498-5500
 Fax Number : (800)432-3622

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
 10 HOOKS BUSINESS DEVELOPMENT, INC.**

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$78.75

T.J.H
 12/6/23

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COVER LETTER

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Department of State
New Filing Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SUBJECT: 10 HOOKS BUSINESS DEVELOPMENT, INC.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

\$70.00 Filing Fee
 \$78.75 Filing Fee & Certificate of Status

\$78.75 Filing Fee & Certified Copy
 \$87.50 Filing Fee, Certified Copy & Certificate of Status

ADDITIONAL COPY REQUIRED

FROM: JENNIFER A. WATKINS, ACP, FRP
Name (Printed or typed)
NELSON MULLINS, 251 ROYAL PALM WAY, SUITE 215
Address
PALM BEACH, FL 33480
City, State & Zip
561-659-8663
Daytime Telephone number
CHARLOTTEHOOKS65@GMAIL.COM
E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

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ARTICLES OF INCORPORATION

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

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ARTICLE I NAME

The name of the corporation shall be: 10 HOOKS BUSINESS DEVELOPMENT, INC.

ARTICLE II PRINCIPAL OFFICE

Principal <u>street</u> address <u>9126 BENEDETTA PLACE</u> <u>BOCA RATON, FL 33498</u>	Mailing address, if different is: _____ _____ _____
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ARTICLE III PURPOSE

The purpose for which the corporation is organized is: any and all lawful business.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: <u>CHARLOTTE E. HOOKS, DIR./PRES./SEC./TREAS.</u>	Name and Title: _____
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Address: <u>9126 BENEDETTA PLACE</u>	Address: _____
<u>BOCA RATON, FL 33498</u>	_____

Name and Title: _____	Name and Title: _____
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Address: _____	Address: _____
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Name and Title: _____	Name and Title: _____
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Address: _____	Address: _____
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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: CAPITOL CORPORATE SERVICES, INC.
515 E PARK AVENUE FLOOR 2
 Address: TALLAHASSEE, FL 32301

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: CHARLOTTE E. HOOKS
9126 BENEDETTA PLACE
 Address: BOCA RATON, FL 33496

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

Kim Tadlock Kim Tadlock, as Asst. Secretary 12/05/2023
 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.

/S/ CHARLOTTE E. HOOKS 12.5.23
 Required Signature/Incorporator Date

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