

No8000002825

(Requestor's Name)

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(Address)

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☐ PICK-UP

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(Business Entity Name)

(Document Number)

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Office Use Only



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03/17/08--01021--021 **78.75

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2008 MAR 21 PM 3:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CL-3-21

COVER LETTER

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

SUBJECT: _____

BlackHand Inc

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed is 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

ADDITIONAL COPY REQUIRED

FROM: _____

Linn Warren Sutter

Name (Printed or typed)

10055 C.R. 507

Address

FELLSMERE FLA 32948

City, State & Zip

772-571-2451

Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 17, 2008

LYNN WARREN SUTTER
10055 C.R. 507
FELLSMERE, FL 32948

SUBJECT: BLACKHAND INC
Ref. Number: W08000013968

We have received your document for BLACKHAND INC and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6047.

Carolyn Lewis
Regulatory Specialist II
New Filing Section

Letter Number: 508A00016026

ARTICLES OF INCORPORATION
In Compliance with Chapter 617, F.S., (Not for Profit)

ARTICLE I NAME

The name of the corporation shall be:

Zion Blackhand Inc

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2008 MAR 21 PM 3:03

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

10055 C.R. 507

FELLSMERE FLA 32948

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To collect money for goods for the
SOLDIERS in Iraq and Afghanistan.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected or appointed:

VOLUNTEER

ARTICLE V INITIAL DIRECTORS AND/OR OFFICERS

List name(s), address(es) and specific title(s):

LYNN W. Sutter, 10055 C.R. 507 FELLSMERE FLA 32948
DORFEN M. Sutter 10055 C.R. 507 FELLSMERE FLA 32948
Derrick Black 4649 S.E. Rocky Point Way Port Salerno, FL 34992

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

LYNN W Sutter
10055 C.R. 507 FELLSMERE FLA
32948

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

LYNN W. Sutter
10055 C.R. 507
FELLSMERE FLA 32948

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.

Lynn W Sutter
Signature/Registered Agent

March 9, 2008
Date

Lynn W Sutter
Signature/Incorporator

March 9, 2008
Date