

P000000003431

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

600003089536--5
-01/05/00--01093--013
*****87.50 *****87.50

SUBJECT: HAMMER VENTURES, 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 of
Status

ADDITIONAL COPY REQUIRED

FROM: Lucille E. Hammer
Name (Printed or typed)
40 Suncrest Drive
Address
Safety Harbor, FL 34695-2040
City, State & Zip
(727) 725-3513
Daytime Telephone number

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

00 JAN -5 PM 5:44

FILED

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

[Handwritten signature]
1/11/00

ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

HAMMER VENTURES, INC.

ARTICLE II PRINCIPAL OFFICE

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

40 Suncrest Drive
Safety Harbor, FL 34695-2040

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

600

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

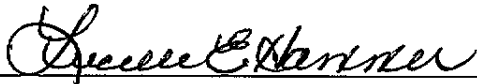
The name and Florida street address of the initial registered agent are:

Lucille E. Hammer
40 Suncrest Drive
Safety Harbor, FL 34695-2040

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

Lucille E. Hammer
40 Suncrest Drive
Safety Harbor, FL 34695-2040




Signature/Incorporator

01/04/00

Date

(An additional article must be added if an effective date is requested.)

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent



Signature/Registered Agent

01/04/00

Date

FILED
00 JAN -5 PM 5:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA