

P08000100106

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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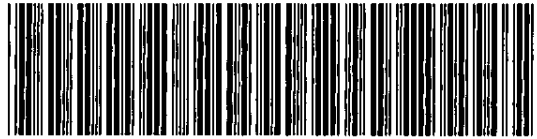
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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11/07/08--01010--020 **78.75

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08 NOV -7 PM 11:26
SECRETARY OF STATE
MEMPHIS, TN 38103

COVER LETTER

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

SUBJECT: Black Fly St. Augustine, 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 ☒ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

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

ADDITIONAL COPY REQUIRED

FROM: James E. Havard

Name (Printed or typed)

37 May Street

Address

St. Augustine, Florida 32084

City, State & Zip

904-810-2003

Daytime Telephone number

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

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:

Black Fly St. Augustine, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal street address and mailing address, if different is:

37 May Street, St. Augustine, Florida 32084

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

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

P- James E. Havard 37 May Street, St. Augustine, Florida 32084

V- Donna L. Havard 37 May Street, St. Augustine, Florida 32084

ARTICLE VI REGISTERED AGENT

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

James E. Havard 37 May Street, St. Augustine, Florida 32084

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

James E. Havard 37 May Street, St. Augustine, Florida 32084

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



Signature/Registered Agent



Signature/Incorporator

11-5-08

Date

11-5-08

Date

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CLERK OF STATE
TALLAHASSEE, FLORIDA