

PO900083189

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

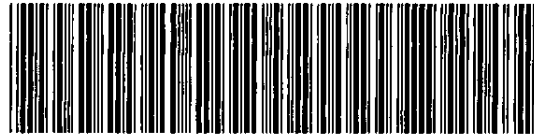
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800160831828

03/25/09--01047--001 **78.50

2009 OCT -7 PM 12:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

J. Shivers OCT 08 2009

W09-43274

691
2228

COVER LETTER

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

SUBJECT:

Sports Fedoras 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:

Ms. Jasmine J. Allison
Name (Printed or typed)

3511 Ballastone Dr.
Address

Land O' Lake Fl. 34638
City, State & Zip

813-909-7119

Daytime Telephone number

Jasmine.Allison@hotmail.com

E-mail address: (to be used for future annual report notification)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2009 OCT -7 PM 12:22

FILED

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:

Sports Fedoras INC.

ARTICLE II PRINCIPAL OFFICE

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

3511 BALLASTONE DR. PO. BOX 341104
LAND O' LAKE FL. TAMPA FL.
34638 33694

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Professional Corporation

ARTICLE IV SHARES

The number of shares of stock is:

2000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

MS. JASMINE J. ALLISON
3511 BALLASTONE DR.
LAND O' LAKE FL. 34638

ARTICLE VI REGISTERED AGENT

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

JASMINE J. ALLISON
3511 BALLASTONE DR.
LAND O' LAKE FL. 34638

ARTICLE VII INCORPORATOR

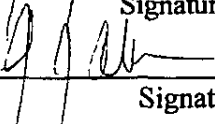
The name and address of the Incorporator is:

JASMINE J. ALLISON
3511 BALLASTONE DR.
LAND O' LAKE FL. 34638

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

10-4-09

Date

10-4-09

Date

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2009 OCT - 7 PM 12:22

FILED