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## COVER LETTER

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

SUBJECT: Strikeline Approach 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: Ronald T Richards

Name (Printed or typed)

5320 Glenlivet Road

Address

Fort Myers, Florida 33907

City, State & Zip

239-357-4057

Daytime Telephone number

strikelineapproach@yahoo.com ✓

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

**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**

Strikeline Approach Inc.

The name of the corporation shall be:

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
18900 Lakeworth Boulevard  
Port Charlotte, Florida 33948

Mailing address, if different is:

5320 Glenlivet Road  
Fort Myers, Florida 33907

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:  
Production and sales of bowling products

**ARTICLE IV SHARES**

The number of shares of stock is: 100

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Ronald T Richards - President  
Address: 5320 Glenlivet Road  
Fort Myers, Florida 33907

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

Name and Title: Christopher J Tompkinson - Vice President  
Address: 18900 Lakeworth Boulevard  
Port Charlotte, Florida 33948

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

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

Name: Ronald T Richards  
Address: 5320 Glenlivet Road  
Fort Myers, Florida 33907

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Ronald T Richards  
Address: 5320 Glenlivet Road  
Fort Myers, Florida 33907

*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*

Ronald T Richards  
Required Signature/Registered Agent

3/23/2011  
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.*

Ronald T Richards  
Required Signature/Incorporator

3/23/2011  
Date