

P110000042448

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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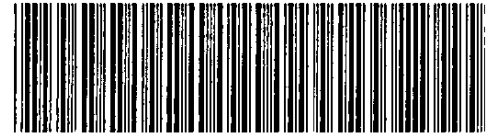
(Business Entity Name)

(Document Number)

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05/02/11--01050--031 **7

11 MAY -2 PM 1:28
SECRETARY OF STATE
TALLAHASSEE FLORIDA

MRD
5/3

COVER LETTER

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

SUBJECT: COACH CHUCKS BATTERS BOX CO.
(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: CHARLES L. STEWART
Name (Printed or typed)

622 SE SEAHOUSE DR.
Address

PORT ST. LUCIE FL. 3498
City, State & Zip

772-979-1240
Daytime Telephone number

COACH987@HOTMAIL.
E-mail address: (to be used for future annual report not

NOTE: Please provide the original and one copy of

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: Coach Chucks Batters Box Corp.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

410 LAKE WHITNEY LN.
PORT ST. LUCIE
FL. 34986

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

BASEBALL TRAINING FACILITY.

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: CHARLES L. STEWART
Address: 622 SE SEAHOUSE DR.
PORT ST. LUCIE FL
34983

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

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: CHARLES L. STEWART
Address: 622 SE SEAHOUSE DR.
PORT ST. LUCIE FL. 34983

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: CHARLES L. STEWART
Address: 622 SE SEAHOUSE DR.
PORT ST. LUCIE FL. 34983

Having been named as registered agent to accept service of process for the above stated corporation at the place designated this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Charles L. Stewart

Required Signature/Registered Agent

4/25/11
Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Charles L. Stewart

Required Signature/Incorporator

4/25/11
Date

FILED
11 MAY -2 PM 1:28
SECRETARY OF STATE
TALLAHASSEE FLORIDA