

P11000052657

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

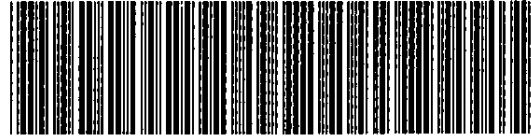
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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06/03/11--01011--024 \*\*87.50

11 JUN -3 AM 10:39

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS

Ps 6/6/11

## COVER LETTER

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

SUBJECT: **Battle Int'l, 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

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input checked="" type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
<b>ADDITIONAL COPY REQUIRED</b>	

FROM: **Lawrence Carlton Battle**

Name (Printed or typed)

**6650 Corporate Center Parkway Apt 311**

Address

**Jacksonville, FL 32216**

City, State & Zip

**757-897-6861**

Daytime Telephone number

**Battleintl@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**

The name of the corporation shall be: Battle Int'l, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
6650 Corporate Center Parkway  
Jacksonville, FL 32216

Mailing address, if different is:

6650 Corporate Center Parkway Apt 311  
Jacksonville, FL 32216

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:  
Consulting and legal services

**ARTICLE IV SHARES**

The number of shares of stock is: 1,000

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

Name and Title: <u>Lawrence Battle, Secretary and Treasurer</u>	Name and Title: _____
Address: <u>6650 Corporate Center Parkway Apt 311</u>	Address: _____
<u>Jacksonville, FL 32216</u>	_____

Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____

Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____

**ARTICLE VI REGISTERED AGENT**

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

Name: Lawrence Battle  
Address: 6650 Corporate Center Parkway Apt 311  
Jacksonville, FL 32216

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Lawrence Battle  
Address: 6650 Corporate Center Parkway Apt 311  
Jacksonville, FL 32216

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DIVISION OF CORPORATIONS  
11 JUN -3 AM 10:40

*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*



Required Signature/Registered Agent

5/28/11  
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.*



Required Signature/Incorporator

5/28/11  
Date