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(City/State/Zip/Phone #)

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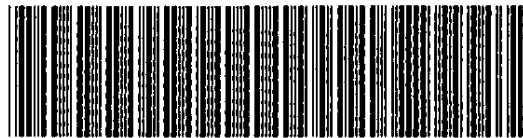
(Business Entry Name)

(Document Number)

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

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11 JUL 11 PM 2:24  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

MRS  
7/12

## COVER LETTER

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

SUBJECT: **BILLY EAGLE 77, 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: **STANKA D. VASILEVA**

Name (Printed or typed)

**2215 CYPRESS ISLAND DR., APT. 105**

Address

**POMPANO BEACH, FL 33069**

City, State & Zip

**9543057633**

Daytime Telephone number

**HRAMATULOV@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)

**FILED**

11 JUL 11 PM 2:24

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Mailing address, if different is:

**ARTICLE I NAME** BILLY EAGLE 77, INC.  
The name of the corporation shall be:

**ARTICLE II PRINCIPAL OFFICE**  
Principal street address  
2215 CYPRESS ISLAND DR. APT. 105  
POMPANNO BEACH, FL 33069

**ARTICLE III PURPOSE**  
The purpose for which the corporation is organized is:  
MAXIMIZE PROFITS FOR THE STOCKHOLDER

**ARTICLE IV SHARES**  
The number of shares of stock is: 100

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

Name and Title:	STANKA D. VASILEVA-PRESIDENT	Name and Title:	_____
Address:	2215 CYPRESS ISLAND DR. APT. 105	Address:	_____
	POMPANNO BEACH, FL 33069		_____

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: STANKA D. VASILEVA  
Address: 2215 CYPRESS ISLAND DR. APT. 105  
POMPANNO BEACH, FL 33069

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: STANKA D. VASILEVA  
Address: 2215 CYPRESS ISLAND DR. APT. 105  
POMPANNO BEACH, FL 33069

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

JULY 1, 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.



Required Signature/Incorporator

JULY 1, 2011

Date