

P11000066652

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

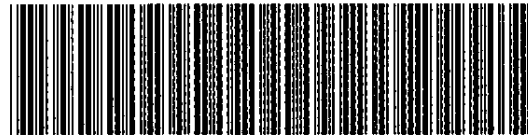
(Business Entity Name)

(Document Number)

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

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2011 JUL 22 PM 4:36  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

T. Burch JUL 25 2011

## COVER LETTER

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

SUBJECT: HOOKBILL, 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: HOOKBILL, INC.  
Name (Printed or typed)

3463 RANDOLPH ST.  
Address

JACKSONVILLE, FL 32207  
City, State & Zip

904 396 6087  
Daytime Telephone number

ADMIN@SUNDAYSPEEDANDCUSTOM.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: **HOOKBILL, INC.**

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

**3463 RANDOLPH ST  
JACKSONVILLE, FL  
32207**

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

**RETAIL SALES**

**ARTICLE IV SHARES**

The number of shares of stock is: **1,000,000**

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

Name and Title: **STEPHEN W ALLRED**

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

Address: **3463 RANDOLPH ST**

Address: \_\_\_\_\_

**JACKSONVILLE, FL  
32207**

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: **STEPHEN W ALLRED**

Address: **3463 RANDOLPH ST  
JACKSONVILLE, FL 32207**


**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: **STEPHEN W ALLRED**

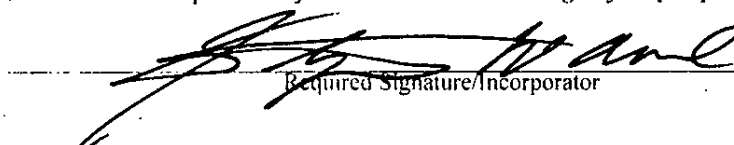
Address: **3463 RANDOLPH ST  
JACKSONVILLE, FL 32207**

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

**7/21/11**  
\_\_\_\_\_  
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

**7/21/11**  
\_\_\_\_\_  
Date

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TALLAHASSEE, FLORIDA