

P11000070813

(Requestor's Name)

(Address)

(Address)

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☐ PICK-UP

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(Business Entity Name)

(Document Number)

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

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11 AUG -8 PM 1:16

SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

FILED

11 AUG -8 PM 1:28

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

T. Burch AUG 8, 2011

COVER LETTER

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

SUBJECT: Black Bear Management 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: Robert Hines  
Name (Printed or typed)

2813 Shamrock North  
Address

Tallahassee, Florida 32309  
City, State & Zip

864 508 - 2924  
Daytime Telephone number

rjhines81@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:

**Black Bear Management Inc.**

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

**666 West Tennessee  
Tallahassee, Florida 32301**

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

**Restaurant/Deli**

**ARTICLE IV SHARES**

The number of shares of stock is:

**1**

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

Name and Title: **Robert Hines / Owner**  
Address: **2813 Shamrock North  
Tallahassee, FL 32309**

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

Name and Title: **Christopher Kontos**  
Address: **1 Independence Plaza  
Suite 600  
Birmingham, AL 35209**

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:

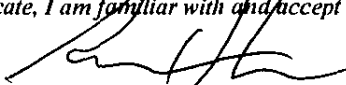
Name: **Robert Hines**  
Address: **2813 Shamrock North  
Tallahassee, FL 32309**

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: **Robert Hines**  
Address: **2813 Shamrock North  
Tallahassee, FL 32309**

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.

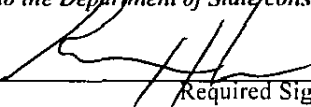


Required Signature/Registered Agent

**8/8/11**

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

**8/8/11**

Date

**FILED**  
**11 AUG - 8 PM 1:28**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**