

P12000053847

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

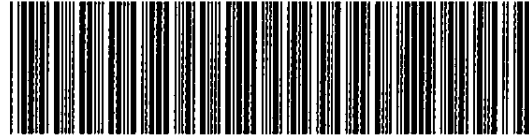
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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12 JUN 13 AM 11:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MRS
6/14/12

COVER LETTER

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

SUBJECT: BLACK SHEEP 69 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: **SHAWN R. SLATTERY**

Name (Printed or typed)

4915 WAVERLY WOODS TERRACE

Address

LAKE WORTH, FLORIDA 33463

City, State & Zip

Daytime Telephone number

251 Surfer 2 Gmail.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

BLACK SHEEP 69 INC.
The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address
4915 WAVERLY WOODS TERR.
LAKE WORTH, FLORIDA
33463

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TALLAHASSEE, FLORIDA
Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
COMMERCIAL FISHING

ARTICLE IV SHARES

The number of shares of stock is: (100) ONE HUNDRED

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: SHAWN R. SLATTERY, PRES.
Address: 4915 WAVERLY WOODS TERR.
LAKE WORTH, FLORIDA
33463

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:

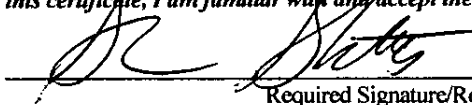
Name: SHAWN R. SLATTERY
Address: 4915 WAVERLY WOODS TERR.
LAKE WORTH, FL 33463

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: SHAWN R. SLATTERY
Address: 4915 WAVERLY WOODS TERR.
LAKE WORTH, FL 33463

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

6/10/2012
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

6/11/2012
Date