

P13000042459

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

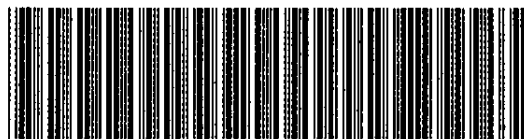
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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05/09/13--01019--005 **78.75

FILING CANCELLED
RETURNED CHECK

FILED
13 MAY -9 AM 9:58
SECRETARY OF STATE
TALLAHASSEE FLORIDA

1/4

COVER LETTER

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

SUBJECT: FatBOI Entertainment 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: Terrance Flitt
Name (Printed or typed)

2640 Lake View Dr
Address

Rivera Beach FL 33404
City, State & Zip

404-671-5433
Daytime Telephone number

Durhamfoundation@aol.com
E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

FILING CANCELLED
RETURNED CHECK

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

FILED

ARTICLE I NAME

The name of the corporation shall be: FatBOI Entertainment, Inc 13 MAY -9 AM 9:58

ARTICLE II PRINCIPAL OFFICE

Principal street address

SECRETARY OF STATE
TALLAHASSEE FLORIDA
Mailing address, if different is:

2640 Lakeview Dr.

Rivera Beach FL 33404

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: TO ACT AND DO ALL lawful
Business.

ARTICLE IV SHARES

The number of shares of stock is: 100 Shares

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Terrence Flint (P-S-T) Name and Title: _____

Address 2640 Lakeview Dr. Address: _____
Rivera Beach FL
33404

Name and Title: Benjamin Lewis (V.P) Name and Title: _____

Address 2640 Lakeview Dr. Address: _____
Rivera Beach FL 33404

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

FILING CANCELLED RETURNED CHECK

(cont.)

FILED

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

13 MAY -9 AM 9:58

SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLE VI REGISTERED AGENT

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

Name: _____

Michael Hurst

Address: _____

121 S. Orange Ave
Orlando FL 32801

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: _____

Michael Hurst

Address: _____

121 S. Orange Ave
Orlando FL 32801

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

5-6-13
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

5-6-13
Date