## P1300072942

(Requestor's Name)				
(Address)				
(Ad	dress)			
(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL		
(Bu	siness Entity Nan	me)		
(Do	cument Number)			
Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				
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Office Use Only



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## **COVER LETTER**

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

SUBJECT: POWER MILL TOUR BOLL ACCOMULTING  (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 Co & Certificate Status	e of			
ADDITIONAL COPY REQUIRED							
FROM: LAWENCE BENIAMIN Name (Printed or typed)							
	1824 Josmine	Drive ddress		NEC SEC	13 SEP		
<u></u>	Tallahasse, FL	33302 State & Zip		HASSEL F	H-2 -4		
	950-273-220 Daytime Te	3 lephone number		ORDE STATE	1:58	. (	
Cooch benjamin 11 @ Who 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 sh	nall be: Power Mil	1 Travel	Ball Arack	my J	W.
	AL OFFICE ipal street address	ì	Mailing address, if differen	nt is:	
Lawrence F	F. Benjamin				_
Tallahiossee	PL 32308		·		_
The purpose for which the cortical to the travel balls of the cortical to the		provide s opportun level in ship	skilled ity to pla i hopes o	H	
		· · · · · · · · · · · · · · · · · · ·		SEOTE IN	
ARTICLE IV SHARES The number of shares of stock	• 1/ 🕶		H. FLORIDA	5 PH 1: 58	6
1 0.	OFFICERS AND/OR DIRECT	<b>ORS</b> Name and Title	president		
Name and Title: LO	14 Jasmine Dr. 16th, Fl 32308	Address:	'Same		<del>-</del> - -
Name and Title:		Name and Title:	·		_
					_
Address		Address:			<del></del>

Address		Address:			
		- Andrew State of the Control of the			
ARTICLE VI	REGISTERED AGENT				
The <u>name and Fle</u>	orida street address (P.O. Box NOT acceptable) of the	he registered agent is:			
Name:	Lawrence Benjamin				
Address:	1224 Josnine Drive				
	Tallah, FL 32308				
ARTICLE VII	INCORPORATOR				
The <u>name and ad</u>	dress of the Incorporator is:				
Name:	ranteuce toplamin				
Address:	1824 Jasmine Unip				
	Tallah, FL 32308				
	,,				
	ed as registered agent to accept service of process for m familiar with and accept the appointment as regis				
	D		alulia		
Jallrys	Required Signature/Registered Agent		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.					
Laura		. ,	alula		
Lalle	Required Signature/Incorporator		Date		
			vanuar .		

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

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