

P15000004825

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

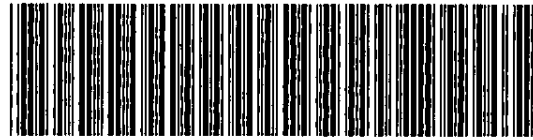
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800268120188

01/15/15--01011--005 **78.75

15 JAN 15 PM 1:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

VA

COVER LETTER

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

SUBJECT: **BASES FULL 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: **SJ COOPER & ASSOCIATES**

Name (Printed or typed)

4001 SANTA BARBARA BLVD # 366

Address

NAPLES FL 34104

City, State & Zip

239-398-3637

Daytime Telephone number

STEVEN@SJCFINANCE.COM

E-mail address: (to be used for future annual report notification)

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

APPROVED
AND
FILED

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:

BASES FULL INC.

15 JAN 15 PM 1:42

ARTICLE II PRINCIPAL OFFICE

Principal street address

303 S WESTLAND AVE

TAMPA FL 33606

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Mailing address, if different from principal office address

C/O 3269 STURGEON BAY COURT

NAPLES FL 34120

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

PROFESSIONAL TICKET SALES CORPORATION.

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: **BRANDON PITTMAN, PRESIDENT**

Address: **4214 W CULBREATH AVE
TAMPA, FL 33609**

Name and Title: _____

Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

APPROVED
AND
FILED (cont.)

15 JAN 15 PM 1:42

Name and Title: _____	Name and Title: _____
Address _____	Address: _____
_____	_____
_____	_____

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: STEVEN COOPER
Address: 4001 SANTA BARBARA BLVD # 366
NAPLES, FL 34104

ARTICLE VII INCORPORATOR

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

Name: STEVEN COOPER
Address: 4001 SANTA BARBARA BLVD # 366
NAPLES, FL 344104

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

12/30/2014

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

12/30/2014

Date