

P15000080216

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

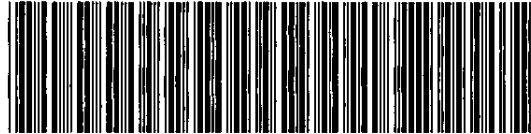
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SEP 29 2015

COVER LETTER

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

SUBJECT: BALL HAWKER 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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: JAMES M BECK

Name (Printed or typed)

3718 TROPHY BLVD

Address

NEW PORT RICHEY, FL 34655

City, State & Zip

(970) 389-3993

Daytime Telephone number

brightideas99@msn.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: BALL HAWKER INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

3718 TROPHY BLVD

NEW PORT RICHEY, FL 34655

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: TO PURCHASE, MAINTAIN AND OFFER FOR RENT

RESIDENTIAL PROPERTY TO INDIVIDUALS, WHO QUALIFY WITHIN THE DEED RESTRICTIONS OF

VARIOUS SUBDIVISION REQUIREMENTS

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ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: JAMES R. BECK, PRESIDENT, DIR

Name and Title: _____

Address 3718 TROPHY BLVD

Address: _____

NEW PORT RICHEY, 34655

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: JAMES R BECK _____

Address: 3718 TROPHY BLVD _____

NEW PORT RICHEY, FL 34655 _____

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TALLAHASSEE, FLORIDA

ARTICLE VII INCORPORATOR

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

Name: CHARLES G NELSON _____

Address: 9125 SACRAMENTO DRIVE _____

NEW PORT RICHEY FL 34655 _____

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 9/15/2015 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

9/17/15
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.

Charles G Nelson
Required Signature/Incorporator

9/17/15
Date