

P15000088738

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____

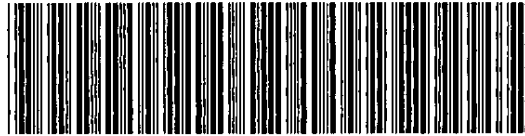
Certificates of Status _____

Special Instructions to Filing Officer:

OCT 30 2015

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Office Use Only



700276343627

08/31/15--01007--023 **76.75

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14 OCT 28 PM 3:45

SECRET
CALL AMBASSADE FLORENCE

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4005



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 9, 2015

BRUCE K. WINTERS
1651 WICHITA STREET
OVIEDO, FL 32765

SUBJECT: WINTERS, INC.
Ref. Number: W15000059379

We have received your document for WINTERS, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

One or more major words may be added to make the name distinguishable from the one presently on file.

The name and document number of conflict is, " F83664 - WINTER, INC."

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Carol Mustain
Regulatory Specialist II

Letter Number: 315A00018972



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 2, 2015

BRUCE K. WINTERS
1651 WICHITA STREET
OVIDO, FL 32765

SUBJECT: WINTERS, INC.
Ref. Number: W15000059379

RECEIVED
15 OCT 28 AM 11:03
TALLAHASSEE, FLORIDA

We have received your document for WINTERS, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

One or more major words may be added to make the name distinguishable from the one presently on file.

The name and document number of conflict is, " M12000004080 - WINTER FARM LLC".

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Carol Mustain
Regulatory Specialist II

Letter Number: 915A00020914

COVER LETTER

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

SUBJECT: Black Hammock Corporation

(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

Previously sent

FROM: Bruce K. Winters

Name (Printed or typed)

1651 Wichita Street

Address

Oviedo, Florida 32765

City, State & Zip

407 913-7234

Daytime Telephone number

brucewinters@mac.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: Black Hammock Corporation

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

1651 Wichita Street

P.O. Box 621928

Oviedo, Florida 32765

Oviedo, Florida 32762

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: all lawful business.

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Bruce K. Winters, CEO

Name and Title: Susan E. Winters, President

Address 1651 Wichita Street

Address: 1651 Wichita Street

Oviedo, Florida 32765

Oviedo, Florida 32765

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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14 OCT 23 PM 3:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: Bruce K. Winters
Address: 1651 Wichita Street
Oviedo, Florida 32765

ARTICLE VII INCORPORATOR

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

Name: Bruce K. Winters
Address: 1651 Wichita Street
Oviedo, Florida 32765

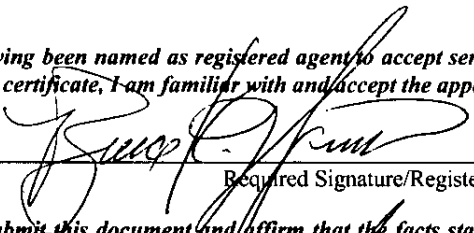
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (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.

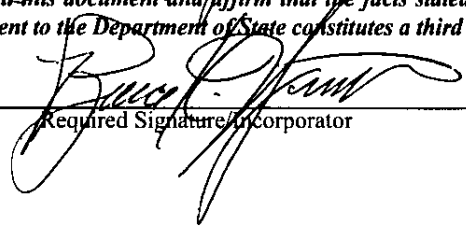
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Required Signature/Registered Agent
10/23/2015

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
10/23/2015

Date

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14 OCT 28 PM 3:46
SECRETARY OF STATE
TALLAHASSEE FLORIDA