

P/6000015190

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

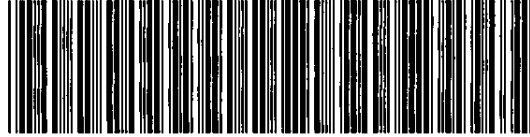
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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02/05/16--01013--013 **70.00

EFFECTIVE DATE

2/3/16

FEB 17 2016

S. GILBERT

FILED
16 FEB -5 AM 12:51
ALLAHBACH, FLORIDA

COVER LETTER

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

SUBJECT: FOWLMOOD WATERFOWLERS, INCORPORATED

(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: TIMOTHY HARROLD

Name (Printed or typed)

2936 HUNTERS LN

Address

OVIEDO, FL 32766

City, State & Zip

407-325-1652

Daytime Telephone number

HARROLDKT@GMAIL.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: FOWLMOOD WATERFOWLERS, INCORPORATED

ARTICLE II PRINCIPAL OFFICE

Principal street address

2936 HUNTERS LN

OVIEDO, FL 32766

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: DUCK HUNTING AND FISHING SERVICE

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: TIMOTHY HARROLD, PRESIDENT

Address 2936 HUNTERS LN

OVIEDO, FL 32766

Name and Title: _____

Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

FILED
16 FEB 3 AM 12:51
STATE
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: TIMOTHY HARROLD

Address: 2936 HUNTERS LN

OVIEDO, FLORIDA 32766

ARTICLE VII INCORPORATOR

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

Name: KRISTIN N HALEY

Address: 887 MILLS ESTATE PL

CHULUOTA, FL 32766

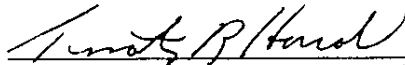
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 2/3/2016, (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

2-3-16

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

2/3/2016

Date