

P16000078655

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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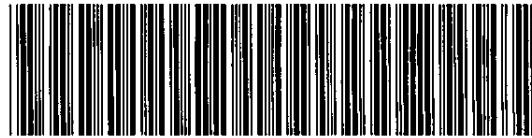
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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CLERK OF COURT
TALLAHASSEE, FLORIDA

2016 SEP 26 PM 1:37

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V HERRING
SEP 27 2016

COVER LETTER

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

SUBJECT: Joe Ball Company
(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: David Karlovich
Name (Printed or typed)
7595 Baymeadows Circle West, Apt 2715
Address
Jacksonville, FL 32256
City, State & Zip
904-887-3181
Daytime Telephone number
dave@joeballcompany.com
E-mail address: (to be used for future annual report notification)

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

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ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

2016 SEP 26 PM 1:38

ARTICLE I NAME

The name of the corporation shall be:

Joe Ball Company

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

6611 Southpoint Parkway

Unit 362

Jacksonville, FL 32216

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to earn profits by selling retail materials

by online web retail store.

ARTICLE IV SHARES

The number of shares of stock is: 10,000,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Joseph Karlovich President/CEO

Name and Title: Nick Karlovich CRO

Address 7901 Baymeadows Circle East

Address: 206 Moyer Drive

Apt 416

Chapin, SC

Jacksonville, FL 32256

Name and Title: Patty Karlovich CMO

Name and Title: David Karlovich CDO

Address 7595 Baymeadows Circle West

Address: 7595 Baymeadows Circle West

Apt 2715

Apt 2715

Jacksonville, FL 32256

Jacksonville, FL 32256

Name and Title:

Name and Title:

Address

Address:

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Name and Title: _____ Name and Title: SECRETARY OF STATE
Address: _____ Address: TALLAHASSEE, FLORIDA

ARTICLE VI REGISTERED AGENT

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

Name: REGISTERED AGENTS INC.
Address: 3030 N. ROCKY POINT DRIVE, STE 150A
TAMPA, FL 33607

ARTICLE VII INCORPORATOR

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

Name: David Karlovich
Address: 7595 Baymeadows Circle West, Apt 2715
Jacksonville, FL 32256

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 10/1/2016. (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

Bill Hume 9/24/16
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.

David N Karlovich 9/24/16
Required Signature/Incorporator Date
David N Karlovich