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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

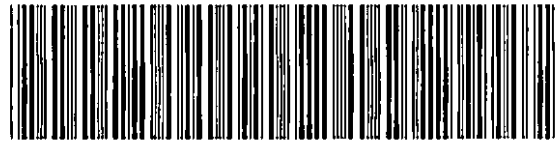
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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19 APR 29 PM 12:55

2019 MAR 29 PM 1:43

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D O'KEEFE  
MAR 29 2019

## COVER LETTER

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

SUBJECT: The Business Business 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: Benjamin Cleveland Foster  
Name (Printed or typed)

106 Acorn Ln.  
Address

Thomasville, GA, 31757  
City, State & Zip

229-201-0809  
Daytime Telephone number

B Foster 2 @ Linc. 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: The Business Business Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

2404 Keng St  
Tallahassee, FL 32301

106 Acorn Ln  
Thomasville, Ga. 31757

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Professional Corporation

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: ~~XXXXXXXXXXXXXXXXXXXX~~

Address: \_\_\_\_\_

Name and Title: Nabbacus Watkins

Address: 2404 Keng St  
Tallahassee, FL 32301  
President

Name and Title: B.C. Foster

Address: 106 Acorn Ln  
Thomasville, Ga. 31757  
Chief Financial Officer

Name and Title: B.C. Foster

Address: 106 Acorn Ln  
Thomasville, Ga. 31757  
Sec.

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

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: Benjamin Foster  
Address: 2404 King St  
Tallahassee, FL 32301

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TALLAHASSEE, FL

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Benjamin Foster  
Address: 2404 King St  
Tallahassee, FL 32301

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 days prior or 90 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

Benjamin C. Foster  
Required Signature/Registered Agent

3-29-2019  
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.

Benjamin C. Foster  
Required Signature/Incorporator

3-29-2019  
Date