

P210000092310

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

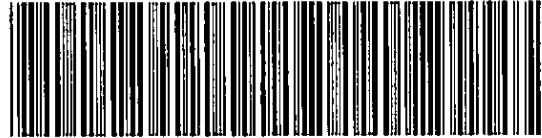
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FL

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 21, 2021

NIGEL ROBERTS
121 NW 5TH AVENUE
HALLANDALE, FL 33009

SUBJECT: HAWKEYE PHOTOGRAPHY, INC.
Ref. Number: W20000137855

We have received your document for HAWKEYE PHOTOGRAPHY, 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):

You failed to make the correction(s) requested in our previous letter.

Please print the Registered Agents and Incorporators Names. Names not legible.

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.

Neysa Culligan
Regulatory Specialist III

Letter Number: 320A00024351

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:

Hawkeye Photography, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address

Mailing address, if different is:

121 NW 5th Avenue
Hallandale, FL 33009

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

For Any and All
Lawful Business

ARTICLE IV SHARES

The number of shares of stock is:

1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:

Nigel Roberts

Name and Title:

Address

121 NW 5th Avenue
Hallandale, FL 33009

Address:

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

SECRETARY OF STATE
TALLAHASSEE, FL

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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:

Address:

Winifred Browne
10800 Biscayne Boulevard, Ste. 1050
Miami, FL 33161

ARTICLE VII INCORPORATOR

The name and address of the incorporator is:

Name:

Address:

Winifred Browne
10800 Biscayne Boulevard, Ste. 1050
Miami, FL 33161

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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

Winifred Browne

Required Signature/Registered Agent

11/19/2020
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.

Winifred Browne

Required Signature/Incorporator

11/19/2020
Date