

Florida Department of State

Division of Corporations

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To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : CAPITOL SERVICES, INC.
Account Number : I20160000017
Phone : (855)498-5500
Fax Number : (800)432-3622

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**FLORIDA PROFIT/NON PROFIT CORPORATION
10 HOOKS BUSINESS DEVELOPMENT, INC.**

Certificate of Status	0
Certified Copy	1
Page Count	04
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T.J.H.

12/6/23

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Corporate Filing Menu

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COVER LETTER

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

SUBJECT: 10 HOOKS BUSINESS DEVELOPMENT, 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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☒ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: JENNIFER A. WATKINS, ACP, FRP
Name (Printed or typed)
NELSON MULLINS, 251 ROYAL PALM WAY, SUITE 215
Address
PALM BEACH, FL 33480
City, State & Zip
561-659-8663
Daytime Telephone number
CHARLOTTEHOOKS65@GMAIL.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)

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ARTICLE I NAME

The name of the corporation shall be: 10 HOOKS BUSINESS DEVELOPMENT, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

9126 BENEDETTA PLACE

BOCA RATON, FL 33496

ARTICLE III PURPOSE

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

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: CHARLOTTE E. HOOKS, DIR./PRES./SEC./TREAS.

Address 9126 BENEDETTA PLACE

BOCA RATON, FL 33496

Name and Title:

Address

Name and Title:

Address:

Name and Title:

Address

Name and Title:

Address:

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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: _____ CAPITOL CORPORATE SERVICES, INC.

Address: _____ 515 E PARK AVENUE FLOOR 2

TALLAHASSEE, FL 32301

ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

Name: _____ CHARLOTTE E. HOOKS

Address: _____ 9126 BENEDETTA PLACE

BOCA RATON, FL 33496

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**Kim Tadlock*

Kim Tadlock, as Asst. Secretary

Required Signature/Registered Agent

12/05/2023

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.

/S/ CHARLOTTE E. HOOKS

12.5.23

Required Signature/Incorporator

Date

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