

P03000115643

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

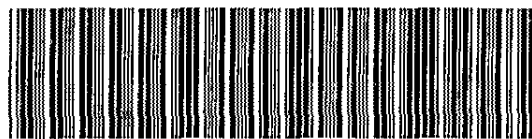
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
03 OCT 13 PM 12:15

TRANSMITTAL LETTER

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

SUBJECT: Hampton Concrete Finishing, 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: Hampton Concrete Finishing, Inc.
Name (Printed or typed)

PO Box 569

Address

Altha, FL 32421

City, State & Zip

(850) 209-7506

Daytime Telephone number

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:

Hampton Concrete Finishing, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

10673 Hampton Lane
Altha, FL 32421

Mailing: PO Box 569
Altha, FL 32421

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To place and finish concrete services.

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

Keyela M. Hampton
PO Box 569
Altha, FL 32421
President

Robert L. Hampton, III
PO Box 569
Altha, FL 32421
Vice-President

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

Keyela M. Hampton
10673 Hampton Lane
Altha, FL 32421

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Keyela M. Hampton
PO Box 569
Altha, FL 32421

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

Keyela Hampton
Signature/Registered Agent

10 07 03
Date

Keyela Hampton
Signature/Incorporator

10 07 03
Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
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