P08000012883

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

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Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C.S. 2-5

COVER LETTER

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314
(850) 245-6052

SUBJECT: HintsLine Company
(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

- ◴⑨ $70.00 Filing Fee
- ◴⑨ $78.75 Filing Fee & Certificate of Status

ADDITIONAL COPY REQUIRED

- ◴⑨ $78.75 Filing Fee & Certified Copy
- ◴⑨ $87.50 Filing Fee, Certified Copy & Certificate of Status *(selected)*

FROM: HintsLine Company
Name (Printed or typed)
1835 NE Miami Gardens Dr, Suite 292
Address
Miami, FL 33179
City, State & Zip
305-987-8005
Daytime Telephone number

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:
HintsLine Company (free of any infringments via name search at sunbiz.org)

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:
1835 NE Miami Gardens Dr, Suite 292, Miami, FL 33179

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
HintsLine Company operates in the general business sector.

ARTICLE IV SHARES

The number of shares of stock is: 1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):
Pete Shomade, President/Sole Proprietor/Owner
1835 NE Miami Gardens Dr, Suite 292, Miami, FL 33179

ARTICLE VI REGISTERED AGENT

The **name and Florida street address** (P.O. Box **NOT** acceptable) of the registered agent is:
Pete Shomade
1835 NE Miami Gardens Dr, Suite 292, Miami, FL 33179

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:
Pete Shomade
1835 NE Miami Gardens Dr, Suite 292, Miami, FL 33179

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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

petehomade
Signature/Registered Agent — 01/30/08 Date

petehomade
Signature/Incorporator — 01/30/08 Date