

711000100633

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

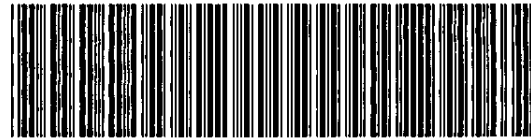
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400214351814

11/21/11--01007--006 **78.75

FILED
2011 NOV 21 AM 11:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NOV 23 2011
J. Shivers

COVER LETTER

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

SUBJECT: H & H Consultants, 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: Kathy Sturm

Name (Printed or typed)

2 N. Tamiami Trail #602

Address

Sarasota, FL 34236

City, State & Zip

941-366-2779

Daytime Telephone number

HVDF@cfl.rr.com

E-mail address: (to be used for future annual report notification)

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

FILED
2011 NOV 21 AM 11:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

H & H Consultants, Inc.

The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

Principal street address
2 N. Tamiami Trail #602
Sarasota FL 34236

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

for any legal purpose.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Hugh Bishop, President
Address: 2 N. Tamiami Trail #602
Sarasota FL 34236

Name and Title: Helen Fournier, Vice President
Address: 2 N. Tamiami Trail #602
Sarasota, FL 34236

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Helen Fournier
Address: 2 N. Tamiami Trail #602
Sarasota, FL 34236

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Helen Fournier
Address: 2 N. Tamiami Trail #602
Sarasota, FL 34236

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

Required Signature/Registered Agent

11/15/2011

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.

Required Signature/Incorporator

11/15/2011

Date

FILED
2011 NOV 21 AM 11:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA