

N 12 00 000 2610

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

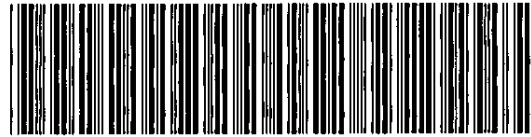
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

J. Shivers MAR 12 2012

I - Anthony Hunt Have NO Intentions of Reinstating  
Hubert Hunt foundation INC.

3/12/12



Document# N10000007966

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TALLAHASSEE, FLORIDA

## COVER LETTER

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

SUBJECT: Hubert Hunt Foundation Inc.  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed is 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

ADDITIONAL COPY REQUIRED

FROM: Anthony Hunt  
Name (Printed or typed)

P.O. Box 551543  
Address

Jacksonville, FL 32255  
City, State & Zip

(904) 424-3460  
Daytime Telephone number

Thunt530 @ Comcast.net  
E-mail address: (to be used for future annual report notification)

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TALLAHASSEE, FLORIDA

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

ARTICLES OF INCORPORATION  
In compliance with Chapter 617, F.S., (Not for Profit)

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**ARTICLE I NAME**

The name of the corporation shall be: Hubert Hunt Foundation, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

9216 Leith Dr  
JAX, FL 32208

Mailing address, if different is:

PO-Box 551543  
JAX, FL 32208

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: CANCER AWARENESS  
AWARENESS & MENTORING KIDS

**ARTICLE IV MANNER OF ELECTION** The manner in which the directors are elected and appointed: vote

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Anthony Hunt VP  
Address: 9216 Leith Dr  
JAX, FL 32208

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

Name and Title: Elouise J. Hunt VP  
Address: 9216 Leith Dr  
JAX, FL 32208

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: Anthony Hunt  
Address: 9216 Leith Dr  
JAX, FL 32208

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Anthony Hunt  
Address: 9216 Leith Dr  
JAX, FL 32208

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TALLAHASSEE, FLORIDA

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

[Signature]  
Required Signature of Registered Agent

3/12/12  
Date

I submit this document and affirm that the facts stated herein are true. I am aware that any 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.

[Signature]  
Required Signature of Incorporator

3/12/12  
Date