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TALLAHASSEE, FLORIDA

K 03/06/13



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 559271 7927880

AUTHORIZATION :

COST LIMIT : \$ 78.75

ORDER DATE : March 5, 2013

ORDER TIME : 3:20 PM

ORDER NO. : 559271-005

CUSTOMER NO: 7927880

DOMESTIC FILING

NAME: YOUR POLK COUNTY HUB, INC.

EFFECTIVE DATE:

☒ ARTICLES OF INCORPORATION
☐ CERTIFICATE OF LIMITED PARTNERSHIP
☐ ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

☐ CERTIFIED COPY
☒ PLAIN STAMPED COPY
☒ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight - EXT. 52956

EXAMINER'S INITIALS: _____

COVER LETTER

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

SUBJECT: Your Polk County Hub, 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: Harry W. Hazelwood
Name (Printed or typed)

220 West Central Ave.
Address

Winter Haven, FL. 33880
City, State & Zip

863-412-6864
Daytime Telephone number

hhazelwood@610corp.net
E-mail address: (to be used for future annual report notification)

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

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

ARTICLE I NAME

The name of the corporation shall be: Your Polk County Hub, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:
220 West Central Ave.

Mailing address, if different is:
PO Box 1572

Winter Haven, FL 33880

Winter Haven, FL 33882-1572

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To provide a centralized location for all non profit organizations located within Polk County, Florida, to congregate and disseminate information about the services they offer to the public. In addition, consumers will have a hub to find out about these non profit organizations and the services they provide. This is a Christian based ministry.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: As provided in the by laws

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Mary C. Hazelwood-Pres

Address: 2109 Edgewater Circle
Winter Haven, FL. 33880

Name and Title: Harry W. Hazelwood-T&S

Address: 2109 Edgewater Circle
Winter Haven, FL. 33880

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

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: Harry W. Hazelwood
Address: 2109 Edgewater Circle
Winter Haven, FL 33880

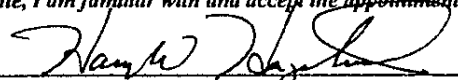
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ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Harry W. Hazelwood
Address: 2109 Edgewater Circle
Winter Haven, FL 33880

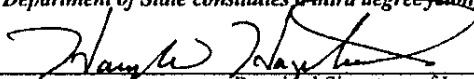
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity


Required Signature of Registered Agent

03-02-2013

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.


Required Signature of Incorporator

03-02-2013

Date