

N13000003064

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

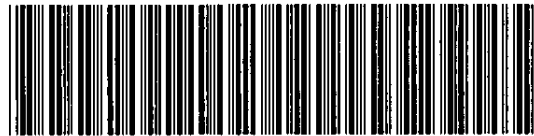
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000246232580

04/02/13--01002--019 **290.00

**FILING CANCELLED
RETURNED CHECK**

TO ACKNOWLEDGE
SUFFICIENCY OF FILING

2013 APR -1 PM 4:33

RECEIVED
OFFICE OF THE
CLERK OF THE
SUPREME COURT
TALLAHASSEE, FLORIDA

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

13 APR -1 PM 5:00

FILED

04/01/13

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: _____

Dorothy Hunt

Name (Printed or typed)

P.O. Box 557543

Address

Jacksonville, FL 32255

City, State & Zip

(904) 424-3460

Daytime Telephone number

thunt530@gmail.com

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)

FILING CANCELLED
RETURNED CHECK

ARTICLE I NAME

The name of the corporation shall be: Hubert Hunt Foundation INC

ARTICLE II PRINCIPAL OFFICE

Principal street address:

9216 Leith Dr.
JACKSONVILLE, FL 32208

Mailing address, if different is:

P.O. Box 551543
JACKSONVILLE, FL 32255

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Mentoring ^{Kids} AND prostate Cancer
Awareness.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: Elected
Appointed

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Elouise Hunt (P) Name and Title: _____

Address: 9216 Leith Dr. Address: _____
JACKSONVILLE, FL 32208

Name and Title: ANTHONY HUNT (UP) Name and Title: _____

Address: P.O. Box 551543 Address: _____
JACKSONVILLE, FL 32255

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

FILED
13 APR - 1 PM 5:00
SECRETARY OF STATE
TALLAHASSEE FLORIDA

FILING CANCELLED
RETURNED CHECK

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: ANTHONY HUNT

Address: P.O. BOX 557543 9216 Leith Dr.

JACKSONVILLE, FL 32255-08

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

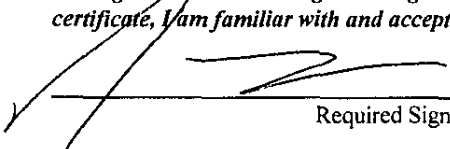
Name: Anthony Hunt

Address: P.O. BOX 557543 9216 Leith Dr.

JACKSONVILLE, FL 32208

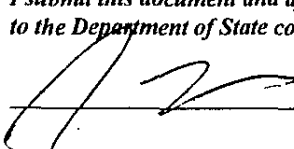
FILED
13 APR - 1 PM 5:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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


Required Signature of Registered Agent

4/1/13
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

4/1/13
Date