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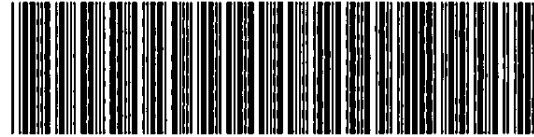
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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
14 MAY -2 AM 10:58

**COVER LETTER**

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

**SUBJECT: HiC Club of Hialeah 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: Richard Lehmann**

Name (Printed or typed)

**6175 NW 153 St. #201**

Address

**Miami Lakes, FL 33014**

City, State & Zip

**305-557-1832**

Daytime Telephone number

**r.lehmann@incomesecurities.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)

**ARTICLE I    NAME**

The name of the corporation shall be: HiC Club of Hialeah Inc.

**ARTICLE II    PRINCIPAL OFFICE**

Principal street address:  
545 West 51 Place

Mailing address, if different is:

Hialeah, FL 33012

**ARTICLE III    PURPOSE**

The purpose for which the corporation is organized is: Ownership of a building housing the activities  
of the charitable organization, Council 4772 of the Knights of Columbus.

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

By a vote of the membership

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

Name and Title: Richard Lehmann

Name and Title: Andy Izzo

Address: 6175 NW 153 St. #201  
Miami Lakes Fl 33014

Address: 31 W 64 St  
Hialeah, FL 33012

Name and Title: Chairman & Secretary

Name and Title: Treasurer

Address:

Address:

Name and Title:

Name and Title:

Address:

Address:

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SECRETARY OF STATE  
DIVISION OF CORPORATE AFFAIRS  
14 MAY - 2 AM 10:58

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: Richard Lehmann

Address: 6175 NW 153 St. #201

Miami Lakes FL 33014

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:


Name: Richard Lehmann

Address: 6175 NW 153 St. #201

Miami Lakes FL 33014

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DIVISION OF CORPORATIONS  
14 MAY -2 AM 10:58

*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

4/4/14  
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

4/4/14  
Date