

PO20000086817

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

400006729454--2
-07/29/02--01075--004
*****78.75 *****78.75

600006719035--7
-07/29/02--01075--004
*****78.75 *****78.75

SUBJECT: HICKS FORM COMPANY, INC.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

FILED
02 AUG 12 PM 1:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: HICKS FORM COMPANY, INC.
Name (Printed or typed)

1513 FACULTY COURT
Address

PORT ST LUCIE, FL 34952
City, State & Zip

561 284-1474 A 561 335-8463
Daytime Telephone number

W02-21840

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

7/15/02
8/12/02



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

July 30, 2002

HICKS FORM COMPANY INC
1513 FACULTY COURT
PORT ST. LUCIE, FL 34952

SUBJECT: HICKS FORM COMPANY INC.
Ref. Number: W02000021840

We have received your document for HICKS FORM COMPANY INC.. However, the document has not been filed and is being returned for the following:

We are enclosing the proper form(s) with instructions for your convenience.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6934.

Loria Poole
Corporate Specialist
New Filings Section

Letter Number: 702A00045842

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be:

HICKS FORM COMPANY, INC

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

1513 FACULTY COURT
PORT ST LUCIE, FL 34952

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

TO ENGAGE IN CONCRETE AND CONSTRUCTION WORK.

ARTICLE IV SHARES

The number of shares of stock is:

1000

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s), address(es) and title(s):

MICHAEL FIELDS - PRESIDENT

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

MICHAEL FIELDS
1513 FACULTY COURT
PORT ST LUCIE, FL 34952

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

MICHAEL FIELDS
1513 FACULTY COURT
PORT ST LUCIE, FL 34952

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

Michael Fields

Signature/Registered Agent

7-25-02

Date

Michael Fields

Signature/Incorporator

7-25-02

Date

FILED
02 AUG 12 PM 1:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA