

PV3000060036

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

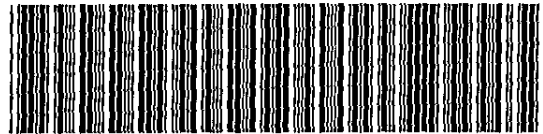
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
03 MAY 23 PM 4:35

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

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

<input type="checkbox"/> \$78.75	<input checked="" type="checkbox"/> \$87.50
Filing Fee	Filing Fee,
& Certified Copy	Certified Copy
	& Certificate of
	Status
ADDITIONAL COPY REQUIRED	

P.O. box 15486 _____
Address

Brooksville FL, 34604
City, State & Zip

(352) 799-3633
Daytime Telephone number

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

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:

Hearn and Sons Stucco Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

P.O. box 15486
Brooksville FL, 34604

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Profit

ARTICLE IV SHARES

The number of shares of stock is:

200

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

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

Andrew A. Hearn P.O. box 15486
Jason L. Reeves Brooksville FL, 34604

ARTICLE VI REGISTERED AGENT

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

Andrew A. Hearn
16180 Tampa St
Brooksville FL, 34604

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Andrew A. Hearn
P.O. box 15486
Brooksville FL, 34604

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

Andrew A. Hearn

Signature/Registered Agent

5-15-03

Date

Andrew A. Hearn

Signature/Incorporator

5-15-03

Date

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