

P03000099734

(Requestor's Name)

I CARE PERSONAL ACCOUNTING
7820 N ARMENIA AVE
TAMPA FL 33604
(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

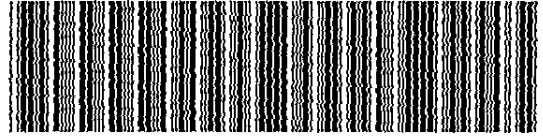
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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08/27/03--01009--001 **70.00

EFFECTIVE DATE
9-1-03

FILED
03 AUG 27 PM 2:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

m/03--24899

08/11

TRANSMITTAL LETTER

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

SUBJECT:

Helpicker, P.A.

(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 of
Status

ADDITIONAL COPY REQUIRED

FROM:



Mac-Built
Corporation

7820 N. ARMENIA AVE.

TAMPA, FL 33604

813 - 610-2628

Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

September 2, 2003

I CARE PERSONAL ACCOUNTING
7820 N ARMENIA AVE
TAMPA, FL 33604

SUBJECT: HILFICKER, P.A.
Ref. Number: W03000024899

We have received your document for HILFICKER, P.A. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We regret that we were unable to contact you by phone. Please return the corrected document with a letter providing us with an address and telephone number where you can be reached during working hours.

The specific nature of business of the professional association must be stated in the document.

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) 245-6972.

Doris Brown
Document Specialist
New Filings Section

Letter Number: 203A00048939

RECEIVED
03 SEP 11 PM 12:35
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TALLAHASSEE, FLORIDA

EFFECTIVE DATE
9-1-03

FILED

03 AUG 27 PM :

SECRETARY OF S
TALLAHASSEE, FL:

ARTICLES OF INCORPORATION

HILFICKER, P. A.

ARTICLE ONE

1.01 THE NAME OF THE CORPORATION IS HILFICKER, P. A.

**ARTICLE TWO
(NATURE OF BUSINESS)**

2.01 THE CORPORATION MAY ENGAGE IN ANY ACTIVITY OF BUSINESS PERMITTED UNDER THE LAW OF THE UNITED STATES AND OF THIS STATE. THE DUTIES AND FUNCTIONS OF THE CORPORATION IS TO ACT AS A REAL ESTATE AGENT.

**ARTICLE THREE
(CAPITAL STOCK)**

3.01 THE MAXIMUM NUMBER OF SHARES THAT THIS CORPORATION IS AUTHORIZED TO HAVE OUTSTANDING AT ONE TIME IS ONE HUNDRED (100) SHARES OF COMMON STOCK HAVING A NOMINAL OR PAR VALUE OF \$1.00. SAID STOCK SHALL BE PAYABLE IN CASH, PROPERTY, LABOR, OR SERVICES AT A JUST VALUATION TO BE FIXEC BY THE STOCKHOLDERS AT A MEETING CALLED FOR THAT PURPOSE.

**ARTICLE FOUR
(CAPITAL)**

4.01 THE AMOUNT OF CAPITAL WITH WHICH THIS CORPORATION SHALL BEGIN BUSINESS IS ONE HUNDRED DOLLARS (\$100.00).

**ARTICLE FIVE
(CORPORATE EXISTANCE)**

5.01 COMMENCEMENT - THE DATE WHEN CORPORATE EXISTENCE SHALL COMMENCE IS SEPTEMBER 1, 2003.

5.02 DURATION - THIS CORPORATION SHALL EXIST PERPETUALLY UNTIL DISSOLVED ACCORDING TO LAW.

**ARTICLE SIX
(PRINCIPLE OFFICE)**

6.01 PRINCIPLE OFFICE - THE POST ADDRESS OF THE PRINCIPLE OFFICE OF THIS CORPORATION IN THE STATE OF FLORIDA IS:

**HILFICKER, P. A.
1713 S. LOIS AVE., STE 100
TAMPA, FLORIDA 33629**

6.02 RELOCATION - THE STOCKHOLDERS MAY FROM TIME TO TIME MOVE THE LOCATION OF THE PRINCIPLE OFFICE TO ANY OTHER ADDRESS IN THE STATE OF FLORIDA.

**ARTICLE SEVEN
(NUMBER OF DIRECTORS)**

7.01 THE NUMBER OF DIRECTORS OF THIS CORPORATION SHALL NOT BE LESS THAN ONE (1). THE NUMBER OF DIRECTORS MAY BE INCREASED FROM TIME TO TIME BY THE BY-LAWS ADOPTED BY THE STOCKHOLDERS, BUT SHALL NEVER BE LESS THAN ONE(1).

**ARTICLE EIGHT
(NAME & ADDRESS OF THE BOARD OF DIRECTORS)**

8.01 DESIGNATION - THE NAMES, POST OFFICE ADDRESSES AND STREET ADDRESSES FOR THE FIRST BOARD OF DIRECTORS WHO SHALL SERVE UNTIL THE FIRST MEETING, OR UNTIL THEIR SUCCESSORS HAVE BEEN ELECTED AND QUALIFIED ARE:

**KRISTINA HILFICKER CHOWNING, PRES, V.P., SEC., TREAS.
4122 EMPEDRADO ST.
TAMPA, FLORIDA 33629**

CERTIFIED DESIGNATION PLACE OF BUSINESS FOR THE SERVICE OF PROCESS WITHIN THIS STATE, AND NAMING AGENT UPON WHOM PROCESS MAY BE SERVED. PURSUANT TO SECTION 48.091, FLORIDA STATUTES, THE FOLLOWING SUBMITTED:

FIRST, HILFICKER, P. A., DESIRING TO ORGANIZE AS CORPORATION UNDER THE LAWS OF THE STATE OF FLORIDA, HEREBY NAMES KRISTINA HILFICKER CHOWNING, AS ITS AGENT TO ACCEPT SERVICE OR PROCESS WITHIN THIS STATE, AND HEREBY DESIGNATES, 1713 S. LOIS AVE., STE 100, TAMPA, FLORIDA 33629, AS ADDRESS OF THIS OFFICE FOR SERVICE OF PROCESS WITH STATE.

ACKNOWLEDGEMENT

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATE CORPORATION AT THE PLACE DESIGNED IN THIS CERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITY, AND AGREE TO COMPLY WITH THE PROVISIONS OF SECTION 48.091 RELATIVE TO KEEPING OPEN SAID OFFICE.

BY: HILFICKER, P. A., *Kristina Chowning*
(KRISTINA HILFICKER CHOWNING), 1713 S. LOIS AVE., STE 100, TAMPA, FLORIDA 33629 AS AGENT, INCORPORATOR, AND PRINCIPLE OFFICE OF THE CORPORATION.

EXECUTED BY THE UNDERSIGNED AT HILLSBOROUGH COUNTY, FLORIDA
THIS ____ DAY OF ____, 200__.

Dana L. Duffin
WITNESS

Robert B. Duffin
WITNESS

03 AUG 27 PM 2:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

STATE OF FLORIDA
COUNTY OF HILLSBOROUGH

ON THIS 21 DAY OF AUGUST, 2003, BEFORE ME, AN OFFICER DULY AUTHORIZED TO TAKE ACKNOWLEDGEMENTS PERSONALLY APPEARED KRISTINA HILFICKER CHOWNING, KNOWN TO ME TO BE THOSE PERSON(S) WHOSE NAME(S) IS SUBSCRIBED TO THE FOREGOING ARTICLES OF INCORPORATION, AND THEY ACKNOWLEDGED TO ME THAT THEY EXECUTED THE SAME FOR THE PURPOSE THEREIN CONTAINED.

IN WITNESS WHEREOF, I HAVE HEREUNTO SET MY HAND AND SEAL THIS
21 DAY OF August, 2003.

Dawn Dickau
DAWN DICKAU, NOTARY



Dawn Dickau
MY COMMISSION # CC944735 EXPIRES
June 13, 2004
BONDED THRU TROY FAJN INSURANCE, INC