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SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 JAN 20 PM 1:47

1-29-04

TRANSMITTAL LETTER

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

SUBJECT: ___Herchingers, Inc._____
(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)

Enclosed are 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: ___Thomas Murphy_____
Name (Printed or typed)

11250-15 Old St. Augustine Rd.
_____
Address

Jacksonville, FL 32257
_____
City, State & Zip

904-477-8744
_____
Daytime Telephone number

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

Articles of Incorporation

Article I. - Name of Corporation
The name of the corporation shall be (include suffix):

Herchingers, Inc.

Article II: Principal place of Business and Mailing Address
The principal place of business/mailing address is:

11250-15 Old St. Augustine Rd.
Jacksonville, FL 32257

Article III: Purpose for the Corporation
The purpose for which the corporation is organized is:

Provide personal financial planning services to individuals

Article IV: Number of shares authorized
The number of shares of stock authorized is:

100 shares of common stock

Article V: Name, address and title of Officers
The officers and their mailing addresses are:

Thomas Murphy
11250-15 Old St. Augustine Rd.
Jacksonville, FL 32257

Article VI: Name and street address of initial Registered Agent
The **name and Florida street address** of the initial registered agent is:

Thomas Murphy
11250-15 Old St. Augustine Rd.
Jacksonville, FL 32257

Article VII: Name and address of incorporator
The **name and address** of the incorporator is:

Thomas Murphy
11250-15 Old St. Augustine Rd.
Jacksonville, FL 32257

****

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

_____
Signature/Registered Agent

1-14-04
Date

_____
Signature/Incorporator

1-14-04
Date

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_____
Signature/Registered Agent

Date: 1-14-04

_____
Signature/Incorporator

Date: 1-14-04