

P04000093761

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

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6-18-04

TRANSMITTAL LETTER

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

SUBJECT: Gary Hiatt, P.A.

(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 ☒ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

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

FROM: Gary Hiatt

Name (Printed or typed)

491 New Hope Drive

Address

Altamonte Springs, FL 32714

City, State & Zip

407-491-2939

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:

Gary Hiatt, P.A.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

491 New Hope Drive
Altamonte Springs, FL 32714

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To engage in all aspects of Real Estate. Including but not limited to buying, selling, renting, exchanging, financing, Broker Price Opinions (BPO), and appraisals.

ARTICLE IV SHARES

The number of shares of stock is:

1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

President

Gary Hiatt
491 New Hope drive
Altamonte Springs, FL 32714

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

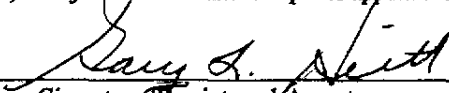
Gary Hiatt
491 New Hope Drive
Altamonte Springs, FL 32714

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Gary Hiatt
491 New Hope Drive
Altamonte Springs, FL 32714


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

6/15/04

Date



Signature/Incorporator

6/15/04

Date

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2004 JUN 18 A 11:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA