

P04000115693

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**TRANSMITTAL LETTER**

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

SUBJECT: \_\_\_\_\_

*HIK 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: \_\_\_\_\_

*HARVEY Kline*

(Name (Printed or typed))

*10623 NW 32 CT*

(Address)

*SUNRISE FL 33351*

(City, State & Zip)

*954 - 749-4543*

(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:

HIK, INC.

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

10623 NW 32 CT.  
SUNRISE FL 33351

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

RETAIL SERVICE COMPANY

**ARTICLE IV SHARES**

The number of shares of stock is:

100

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

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

HARVEY KLINE - PRESIDENT  
10623 NW 32 CT  
SUNRISE FL 33351

**ARTICLE VI REGISTERED AGENT**

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

HARVEY KLINE  
10623 NW 32 CT  
SUNRISE FL 33351

**ARTICLE VII INCORPORATOR**

The name and address of the incorporator is:

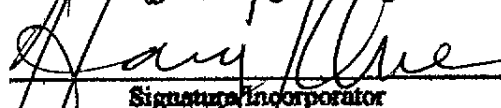
HARVEY KLINE  
10623 NW 32 CT  
SUNRISE FL 33351

\*\*\*\*\*  
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

8-5-04

Date

  
Signature/Incorporator

8-5-04

Date

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA