

P04000141975

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

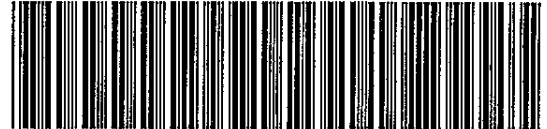
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CLERK OF STATE  
TALLAHASSEE, FLORIDA

## TRANSMITTAL LETTER

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

**SUBJECT:** Hilander Corporation

**(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:** Ann K. Smith, Esquire

Name (Printed or typed)

550 West Water Street, Suite 1150

Address

Jacksonville, FL 32202

City, State & Zip

(904) 359-5505

Daytime Telephone number

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

OCT 14 AM 10:13

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**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:

Hilander Corporation

### ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

3713 Ponce De Leon Avenue, Jacksonville, FL 32217

### ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

This Corporation is organized for the purpose of transacting any and all lawful business.

### 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):

Emily Rose, President, 3713 Ponce De Leon Avenue, Jacksonville, FL 32217

John Rose, Vice President, 3713 Ponce De Leon Avenue, Jacksonville, FL 32217

### ARTICLE VI REGISTERED AGENT

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

Ann K. Smith, Esquire  
550 West Water Street, Suite 1150  
Jacksonville, FL 32202

### ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Ann K. Smith, Esquire  
550 West Water Street, Suite 1150  
Jacksonville, FL 32202

\*\*\*\*\*

*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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature/Incorporator

\_\_\_\_\_  
Date

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TALLAHASSEE, FLORIDA

10-12-04

10-12-04