

P04000156728

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

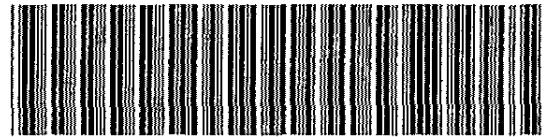
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

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TALLAHASSEE, FLORIDA

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11-16

## TRANSMITTAL LETTER

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

**SUBJECT:** HIR REMODELING 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:** HOPE C. PALLAS

Name (Printed or typed)

26959 MORTON GROVE DRIVE

Address

BONITA SPRINGS, FL 34135

City, State & Zip

239-498-6563

Daytime Telephone number

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TALLAHASSEE, FLORIDA

**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:

HIR REMODELING INC.

## **ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailing address is:

26959 MORTON GROVE DRIVE  
BONITA SPRINGS, FL 34135

## **ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

START UP A REMODELING SERVICE

## **ARTICLE IV SHARES**

The number of shares of stock is:

1000

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

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

RONALD L. LEFFEL, PRESIDENT 26959 MORTON GROVE DRIVE, BONITA SPRINGS, FL 34135  
HOPE C. PALLAS, VICE PRESIDENT 26959 MORTON GROVE DRIVE, BONITA SPRINGS, FL 34135

## **ARTICLE VI REGISTERED AGENT**

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

HOPE C. PALLAS  
26959 MORTON GROVE DRIVE  
BONITA SPRINGS, FL 34135

## **ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

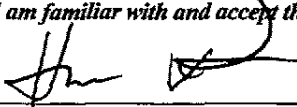
HOPE C. PALLAS  
26959 MORTON GROVE DRIVE  
BONITA SPRINGS, FL 34135

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

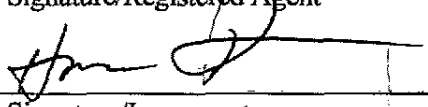
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Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

  
\_\_\_\_\_  
Signature/Registered Agent

11/3/09  
\_\_\_\_\_  
Date

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

11/3/09  
\_\_\_\_\_  
Date