

PO4 000167911

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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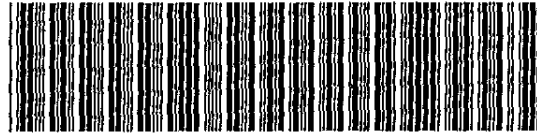
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TRANSMITTAL LETTER

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

SUBJECT: HAMLIK CONSTRUCTION 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 HAMLIK
Name (Printed or typed)

78 NEW JERSEY DR.
Address

DUMEDIN FL. 34698
City, State & Zip

727-736-8249
Daytime Telephone number

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DEPT OF STATE
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: **HAMLIK CONSTRUCTION INC.**

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is: **78 NEW JERSEY DR. DUNEDIN FL. 34698**

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: **CONSTRUCTION INDUSTRY EXEMPTION**

ARTICLE IV SHARES

The number of shares of stock is: **1**

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

THOMAS HAMLIK
78 NEW JERSEY DR. DUNEDIN FL. 34698
OWNER

ARTICLE VI REGISTERED AGENT

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

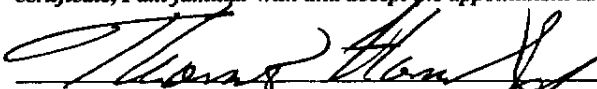
THOMAS HAMLIK
78 NEW JERSEY DR.
DUNEDIN FL. 34698

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

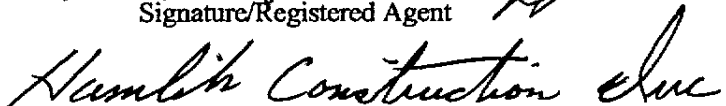
HAMLIK CONSTRUCTION INC.
78 NEW JERSEY DR. ~~FL~~
DUNEDIN FL. 34698

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

12-9-04
Date



Signature/Incorporator

12-9-04
Date

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CLERK OF STATE
TALLAHASSEE, FLORIDA