

P05000043913

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

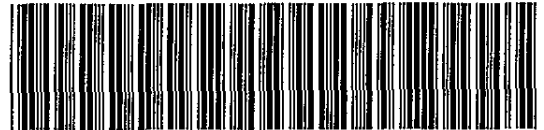
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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03/08/05--01055--025 **87.50

CLERK OF COURT
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05 MAR 23 PM 4:28

FILED

3/23/

TRANSMITTAL LETTER

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

SUBJECT: Hughes & Assoc. Title Ins. Co.
(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: Kristin M. Hughes
Name (Printed or typed)

424 LAKEVIEW DR.
Address

Oldsmar, FL 34677
City, State & Zip

(813) 601-4301
Daytime Telephone number

NOTE: Please provide the original and one copy of the articles.



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

March 16, 2005

KRISTIN M. HUGHES
424 LAKEVIEW DR.
OLDSMAR, FL 34677

SUBJECT: HUGHES & ASSOC. TITLE INS. CO.
Ref. Number: W05000013674

We have received your document for HUGHES & ASSOC. TITLE INS. CO..
However, the document has not been filed and is being returned for the following:

The document must state the number of shares of authorized stock.

List the number of shares not the percentage.

Please return the original and one copy of your document, along with a copy of
this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call
(850) 245-6934.

Loria Poole
Document Specialist
New Filings Section

Letter Number: 405A00018075

*Corrected.
JH
KA*

RECEIVED
05 MAR 23 PM 12:24
FLORIDA DEPARTMENT OF STATE
700 W. JACKSON STREET
TALLAHASSEE, FL 32304

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:

Hughes & Assoc. Title INS. Co.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

424 LAKEVIEW DR, Oldsmar, FL 34677

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Title INS.

ARTICLE IV SHARES

The number of shares of stock is:

~~10000~~ 1 KA


ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Kristin M. Hughes, President
424 LAKEVIEW DR.
Oldsmar FL 34677

ARTICLE VI REGISTERED AGENT

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



Kristin M. Hughes 424 LAKEVIEW DR.
Oldsmar, FL 34677

ARTICLE VII INCORPORATOR

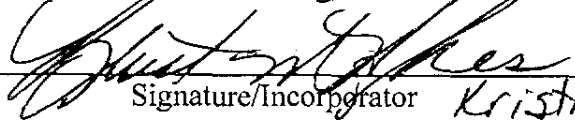
The name and address of the Incorporator is:


Kristin M. Hughes 424 LAKEVIEW DR.
Oldsmar, FL 34677

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 Kristin M. Hughes

3/7/05
Date


Signature/Incorporator Kristin M. Hughes

3/7/05
Date