

P05000/32809

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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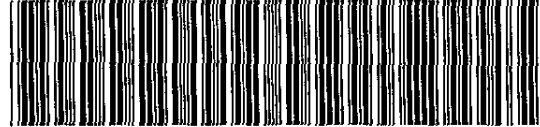
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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COVER LETTER

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

SUBJECT: HICKEY AND ASSOCIATES, P.A.
(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: MICHELE M. HICKEY
Name (Printed or typed)

90 MOREE LOOP #14
Address

WINTER SPRINGS, FL 32708-2462
City, State & Zip

407-312-6631
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:

HICKEY AND ASSOCIATES, P.A.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

90 MOREE LOOP #14
WINTER SPRINGS, FL 32708

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

TO PERFORM ANY LAWFUL REAL ESTATE LICENSEE SERVICE PURPOSE

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):

MICHELE M. HICKEY PRESIDENT 90 MOREE LOOP #14 WINTER SPRINGS, FL 32708-2462
DONALD E. HICKEY V. PRESIDENT 90 MOREE LOOP #14 WINTER SPRINGS, FL 32708-2462

ARTICLE VI REGISTERED AGENT

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

MICHELE M. HICKEY 90 MOREE LOOP #14 WINTER SPRINGS, FL 32708-2462

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

MICHELE M. HICKEY 90 MOREE LOOP #14 WINTER SPRINGS, FL 32708-2462

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

Michele Hickey
Signature/Registered Agent

Michele Hickey
Signature/Incorporator

9/23/05
Date

9/23/05
Date

FILED
05 SEP 28 AM 7:41
CLERK OF STATE
TALLAHASSEE, FLORIDA