| (Re | equestor's Name) | |
|-------------------------|----------------------|-------------|
| | | |
| (Ad | ldress) | |
| | | |
| (Ac | ldress) | |
| · | · | |
| /// | ty/State/Zip/Phone # | n |
| (CII | tyrotaterzipiPnone # |) |
| PICK-UP | WAIT | MAIL |
| | | |
| | | |
| (Bt | siness Entity Name |) |
| | | |
| (Do | ocument Number) | |
| | | |
| Certified Copies | _ Certificates o | f Status |
| | | |
| | | |
| Special Instructions to | Filing Officer: | |
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| <u> </u> | | |
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| | | |

Office Use Only



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COVER LETTER

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

| SUBJECT: Hines Notary Signing, Inc. (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX) | | | | |
|--|-------------------------------------|-----------------------------|-------------------------------|--|
| Enclosed are an orig | ginal and one (1) copy of the artic | cles of incorporation and | a check for: | |
| \$70.00 | \$78.75 | □ \$78.75 | ☑ \$87.50 | |
| Filing Fee | Filing Fee & Certificate of Status | Filing Fee & Certified Copy | Filing Fee, Certified Copy | |
| | of Oddination of Status | ac continue copy | & Certificate of | |
| | | ADDITIONAL CO | Status PY REQUIRED | |
| | | <u> </u> | | |
| FROM: _ | Hines Notary Sigi | | | |
| | Name (Printed or typed) | | | |
| | 416 Valley Drive | | | |
| Address | | | | |
| Lehigh Acres, Florida 33936 | | | | |
| City, State & Zip | | | | |
| 239 368-7059 | | | | |
| Daytime Telephone number | | | | |

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

| ARTICLE I NAME | • |
|--|-------------------------------------|
| The name of the corporation shall be: | = |
| Hines Notary Signing, Inc. | - |
| ARTICLE II PRINCIPAL OFFICE | |
| The principal place of business/mailing address is: | |
| 416 Valley Dirve, Lehigh Acres, Florida 33936 | |
| ARTICLE III PURPOSE The purpose for which the corporation is organized is: | - :- |
| | taagaa rafinansina and |
| To assist individuals and businesses with title closing documentation for mor purchase of property. | igages, reimancing and |
| ARTICLE IV SHARES | · |
| The number of shares of stock is: | |
| There are 100 shares of stock for thsi corporation. | |
| ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS | |
| List name(s), address(es) and specific title(s): | o ² |
| Jefferida Hines, President, Vice-President, Secretary and Treasurer 416 Valley Drive | SECRETARY SECRETARY OF JAN 17 |
| Lehigh Acres, Florida 33936 | |
| | AM 10: 05 ent is: |
| ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of the registered agreement of the registered agree | entie: O #C |
| | 5 NS |
| Jefferida Hines 416 Valley Drive | |
| Lehigh Acres, Florida 33936 | |
| ARTICLE VII INCORPORATOR | |
| The name and address of the Incorporator is: | ٠, س |
| Jefferida Hines | |
| 416 Valley Drive | |
| Lehigh Acres, Florida 33936 | |
| ************************* | ****** |
| Having been named as registered agent to accept service of process for the above stated corporation certificate, I am familiar with and accept the appointment as registered agent and agree to act in this co | |
| Repeil Hises | (u/os |
| Signature/Registered Agent | 'Date |
| Abreson Have | nlos |
| Signature/Incorporator | Date |

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)