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06 JUL 25 AM 9:18  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1/23/04

## COVER LETTER

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

SUBJECT: HAMEL ASSOCIATES, 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: JOHN P. DUFFY  
Name (Printed or typed)

21 PORTER ROAD  
Address

WEST BOX FORD, MA 01885  
City, State & Zip

(781) 760-3291  
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)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## ARTICLE I NAME

The name of the corporation shall be:

HAMEL ASSOCIATES, INC.

## ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

5020 CLARK ROAD, SARASOTA, FL 34233

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

MECHANICAL AND ENGINEERING CONSULTANT

## ARTICLE IV SHARES

The number of shares of stock is:

10,000 SH.

## ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

JOHN P. DUFFY  
21 PORTER ROAD P.O. BOX 292  
WEST BOXFORD, MA 01885  
- PRES, TREASURER, SECRETARY, DIRECTOR

PATRICIA DUFFY  
21 PORTER ROAD  
WEST BOXFORD, MA 01885  
- DIRECTOR

## ARTICLE VI REGISTERED AGENT

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

MICHAEL DUFFY  
2743 HOPE STREET  
SARASOTA, FL. 34243

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

JOHN P. DUFFY  
21 PORTER ROAD P.O. BOX 292  
WEST BOXFORD, MA 01885

\*\*\*\*\*

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

✓ MD Michael Duffy  
Signature/Registered Agent  
✓ JD John P. Duffy  
Signature/Incorporator

✓ 7/19/06  
Date  
✓ 7/19/06  
Date