

P06000/10585

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

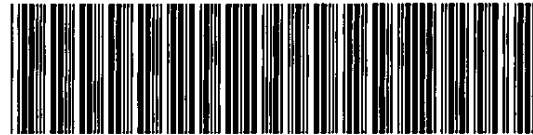
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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06 AUG 23 PM 1:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MRS
8/24

COVER LETTER

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

SUBJECT: Hydraulics 4 Jakes, 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: Heidi Welle
Name (Printed or typed)

9407 Autumn Haze Drive
Address

Naples, Florida 34109
City, State & Zip

239-596-6072
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:

Hydraulics 4 Jakes, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

9407 Autumn Haze Drive, Naples Florida, 34109.

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Selling and distribution of self published books.

ARTICLE IV SHARES

The number of shares of stock is:

1000.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

HEIDI Welle, President.

Heidi Welle, Vice President.

Heidi Welle, Secretary.

ARTICLE VI REGISTERED AGENT

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

Heidi Welle

9407 Autumn Haze Drive

Naples, Florida, 34109.

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

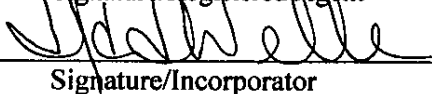
Heidi Welle

9407 Autumn Haze Drive

Naples, Florida, 34109.

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

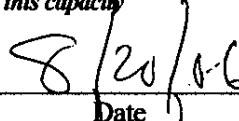

Signature/Registered Agent

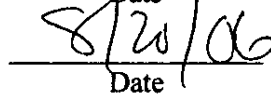

Signature/Incorporator

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA


Date


Date