

P0700013/401

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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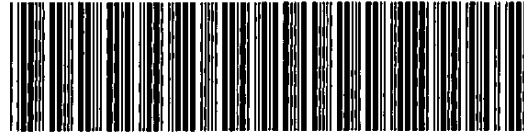
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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07 DEC 12 PM 3:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: Hallenback Interiors 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: Duane T Hallenback

Name (Printed or typed)

17673 75th Place North

Address

Loxahatchee Fl 33470

City, State & Zip

561-333-3327

561-2142493

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:

Hallenback Interiors Inc

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

17673 75th place north loxahatchee fl 33470

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Construction

ARTICLE IV SHARES

The number of shares of stock is:

200 none par value

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

P.V.T.S. Duane T Hallenback 17673 75th place north loxahatchee fl 33470

ARTICLE VI REGISTERED AGENT

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

Duane T Hallenback 17673 75th place north loxahatchee fl 33470

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Duane T Hallenback 17673 75th place north loxahatchee FI 33470

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 famillar with and accept the appointment as registered agent and agree to act in this capacity



Signature/Registered Agent



Signature/Incorporator

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Dec 8th 2007

Date

Dec 8th 2007

Date