

PO8000104945

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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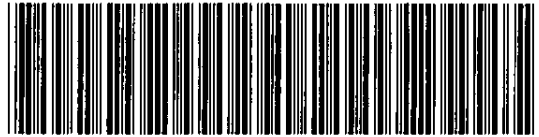
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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COVER LETTER

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

SUBJECT: Hanolivia Services 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: Paul Clark

Name (Printed or typed)

1747 NW 16th Ter

Address

Cape Coral FL 33993

City, State & Zip

239-283-9646

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:

Hanolivia Services Inc.

ARTICLE II PRINCIPAL OFFICE

The principal street address and mailing address, if different is:

1747 NW 16th Ter. Cape Coral FL 33993

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

The Corporation was formed to conduct and transact all lawful business activities allowed under the laws of the State Of Florida

ARTICLE IV SHARES

The number of shares of stock is:

100,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Paul Clark 1747 NW 16th Ter. Cape Coral FL. 33993 President/Director

Maryjane Clark 1747 NW 16th Ter. Cape Coral FL 33993 Clerk/Director

ARTICLE VI REGISTERED AGENT

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

Paul Clark 1747 NW 16th Ter. Cape Coral FL 33993

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Paul Clark 1747 NW 16th Ter. Cape Coral FL 33993

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

11/25/2008

Date



Signature/Incorporator

11/25/2008

Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA