

P09000015338

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

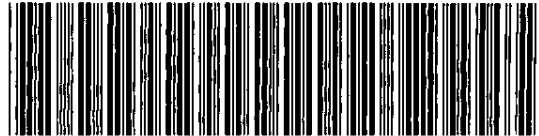
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Kathy **GAVE**
AUTHORIZATION BY PHONE TO
CORRECT Effective Date
DATE 2/18/09
DOC. EX. cg

Office Use Only

2544 - 508-630
W09-3399



300141404683

01/20/09--01031--001 **70.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
2009 FEB -9 PM 2:00

g 2/18/09

JOHN HAILE

P.O. BOX 1021
LAKE PLACID, FLORIDA 33862

PHONE (863) 465-1990
FAX (863) 465-2001
WORK (863) 465-1902

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

2009 FEB -9 PM 2:00

January 16, 2009

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
P.O. Box 6327
Tallahassee, Florida 32314

RE: JOHN HAILE CHTD.

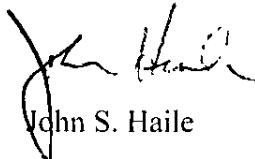
Dear Secretary:

Enclosed please find the following:

1. An original plus one copy of the Articles of JOHN HAILE CHTD.
2. A signed Certificate Designation Resident Agent
3. Our check in the amount of \$70.00.

Please forward to me a stamped copy of the Articles of Incorporation for JOHN HAILE :
CHTD. Thank you for your attention to this matter.

Yours truly,



John S. Haile

JSH/kmw
Enclosures

JOHN HAILE

P.O. BOX 1021

LAKE PLACID, FLORIDA 33862

PHONE (863) 465-1990

FAX (863) 465-2001

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

2009 FEB -9 PM 2:00

February 11, 2009

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
P.O. Box 6327
Tallahassee, Florida 32314

Via Fax: 850/245-6897

Attn. Karen Gibson

RE: JOHN HAILE, P.A. and JOHN HAILE CHARTERED

Dear Ms. Gibson:

Pursuant to your telephone conversation this date with my legal assistant, Kathy, please be advised that I do not intend to revoke the Articles of Dissolution for JOHN HAILE, P.A., and I grant immediate usage of the name JOHN HAILE CHARTERED.

Thank you for your assistance in this matter.

Yours truly,


John Haile

JH/kmw



FLORIDA DEPARTMENT OF STATE
Division of Corporations

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
2009 FEB -9 PM 2:00

January 30, 2009

JOHN HAILE
POST OFFICE BOX 1021
LAKE PLACID, FL 33862

SUBJECT: JOHN HAILE CHARTERED
Ref. Number: W09000003399

We have received your document for JOHN HAILE CHARTERED and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

The specific business purpose of the professional association must be stated in the document.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6973.

Claretha Golden
Regulatory Specialist II
New Filing Section

Letter Number: 409A00003491



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED
DEPARTMENT OF STATE
JAN 29 PM 12:25

January 22, 2009

JOHN HAILE
POST OFFICE BOX 1021
LAKE PLACID, FL 33862

SUBJECT: JOHN HAILE CHTD.
Ref. Number: W09000003399

We have received your document for JOHN HAILE CHTD. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

The only acceptable corporate suffixes for professional associations are PROFESSIONAL ASSOCIATION, P.A., and CHARTERED.

The effective date is not acceptable since it is not within five working days of the date of receipt.

The specific business purpose of the professional association must be stated in the document.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6973.

Claretha Golden
Regulatory Specialist II
New Filing Section

Letter Number: 409A00002419

COPY

ARTICLES OF INCORPORATION
OF
JOHN HAILE CHARTERED

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
2009 FEB -9 PM 2:01

I, the undersigned, hereby form, organize and incorporate under the laws of the State of Florida, by and under the provisions of the Statutes of the State of Florida providing for the formation, liability, right, privileges and immunities of corporations for profit.

ARTICLE I

The name of this corporation shall be JOHN HAILE CHARTERED

ARTICLE II

This corporation shall have perpetual existence commencing on the date of the filing of these Articles with the Department of State. Its effective date in which it commenced doing business is February 9, 2009.

ARTICLE III

The address of the principal office is 900 Ocean Blvd., Stuart, FL 34995 the mailing address of corporation P. O. Box 2227, Stuart, FL 34995.

ARTICLE IV

The corporation is organized for the specific purpose of providing professional services.

ARTICLE V

This corporation is authorized to issue 7,500 shares of one dollar par value common stock which shall be designated "Common Shares". The stated valuation of each share shall be fixed by the Board of Directors.

ARTICLE VI

This corporation shall have one Director constituting the initial Board of Directors. The number of Directors may be either increased or decreased from time to time by the By Laws.

The name and address of the initial Board of Directors of this corporation is:

| <u>NAME</u> | <u>ADDRESS</u> |
|-------------|------------------------------------|
| JOHN HAILE | P. O. Box 2227 Stuart, FL 34995 |

ARTICLE VII


The street address of the initial registered office of this corporation is 900 Ocean Blvd., Stuart, FL 34995 the name of the initial registered agent of this corporation at that address is JOHN HAILE.

ARTICLE VIII

The name and address of each person signing these Articles is:

| <u>NAME</u> | <u>ADDRESS</u> |
|-------------|------------------------------------|
| JOHN HAILE | P. O. Box 2227 Stuart, FL 34995 |

The undersigned incorporator has executed these Articles of Incorporation this 4 day of February, 2009.



JOHN HAILE

CERTIFICATE OF DESIGNATION

REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of sections 607.0501 or 617.0501, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

1. The name of the corporation is:

JOHN HAILE CHARTERED

2. The name of the registered agent and office is:

JOHN HAILE
900 Ocean Blvd.
Stuart, FL 34995

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION
2009 FEB -9 PM 2:01

A C K N O W L E D G M E N T

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

JOHN HAILE
Registered Agent

By: John Haile
JOHN HAILE

Date: 2-4-09