

P10000063436

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

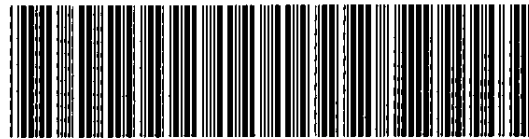
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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08/02/10--01030--007 **78.75

10 AUG -2 PM 3:12
SECRETARY OF STATE
TALLAHASSEE FLORIDA

FILED

MRS. 8/1

COVER LETTER

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

SUBJECT: Hometown Optics 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: DAVID S. HANSEN
Name (Printed or typed)

127 VALENCIA DRIVE
Address

ISLAMORADA FL 33036
City, State & Zip

404-219-3359
Daytime Telephone number

HOMETOWNOPTICS@GMAIL.COM
E-mail address: (to be used for future annual report notification)

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:

HOMETOWN OPTICS INC

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLE II PRINCIPAL OFFICE

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

*127 VALENCIA DR
ISLAMORADA, FL 33036*

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

*TO PROVIDE A SERVICE TO THE
COMMUNITY BY OFFERING OPTICAL PRODUCTS & FILLING GLASSES RX.*

ARTICLE IV SHARES

The number of shares of stock is:

250

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

*DAVID S. HANSEN ARBO/OWNER
127 VALENCIA DR.
ISLAMORADA FL 33036*

ARTICLE VI REGISTERED AGENT

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

*DAVID S. HANSEN
127 VALENCIA DR.
ISLAMORADA FL 33036*

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

*DAVID S. HANSEN
127 VALENCIA DR.
ISLAMORADA FL 33036*

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

David S. Hansen

Signature/Incorporator / Registered agent

Date

07-30-2010

Date