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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6381

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 222-1092
Fax Number : (850) 878-5368

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****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

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FLORIDA PROFIT/NON PROFIT CORPORATION
Hickory Hollow, Inc.

Certificate of Status	1
Certified Copy	1
Page Count	03
Estimated Charge	\$87.50

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Dor

COVER LETTER

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

SUBJECT: Hickory Hollow, 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: Mark J. Castell

Name (Printed or typed)

1360 E. 9th Street, Suite 1100

Address

Cleveland, OH 44114-1717

City, State & Zip

(216) 920-4811

Daytime Telephone number

NOTE: Please provide the original and one copy of the articles.

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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:

Hickory Hollow, Inc.

ARTICLE II PRINCIPAL OFFICE

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

C/O Mark J. Castell
1360 E. 9th Street, Suite 1100
Cleveland, Ohio 44114-1717

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Professional Services-Consulting

ARTICLE IV SHARES

The number of shares of stock is:

10,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Anthony L. Godsick, President/Director ; 1360 E. 9th Street, Suite 1100
Cleveland, Ohio 44114-1717
Mary Jo Fernandez-Pena, Director ; 1360 E. 9th Street, Suite 1100;
Cleveland, Ohio 44114-1717

ARTICLE VI REGISTERED AGENT

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

C T Corporation System ,1200 South Pine Island Road Plantation, Florida 33324

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Anthony L . Godsick, 1360 E. 9th Street, Suite 1100, Cleveland, OH
44114-1717

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

C T Corporation System

Joyce Gilbert, Asst. Secretary

By:

Joyce Gilbert

Signature/Registered Agent

Anthony L. Godsick

Signature/Incorporator

9-17-10

Date

9/16/10

Date