

P10000088559

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

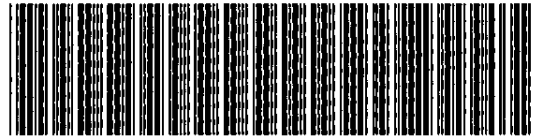
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SECRETARY OF STATE  
DIVISION OF CORPORATE  
2010 OCT 26 PM 3:49

11/1/10

## COVER LETTER

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

SUBJECT: Sheila C. Hart, 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: Sheila C. Hart  
Name (Printed or typed)

45 Riverview Bend S. #1926  
Address

Palm Coast, FL 32137  
City, State & Zip

(678) 910-4584  
Daytime Telephone number

shart119@comcast.net  
E-mail address: (to be used for future annual report notification)

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

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CLERK OF DISTRICT COURT  
DIVISION OF CORPORATIONS  
2019 OCT 26 PM 3:49

**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:

Sheila C. Hart, Inc.

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DIVISION OF CORPORATIONS

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

45 Riverview Bend S, #1926  
Palm Coast, FL 32137

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Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Real Estate Sales, License #BK3229204

**ARTICLE IV SHARES**

The number of shares of stock is: Not more than 100,000

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Sheila C. Hart, Chief Exec Officer  
Address: 45 Riverview Bend S, #1926  
Palm Coast, FL 32137

Name and Title: Ronald J. Hart, Chief Finan Officer  
Address: 45 Riverview Bend S, #1926  
Palm Coast, FL 32137

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

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

Name: Sheila C. Hart  
Address: 45 Riverview Bend S, #1926  
Palm Coast, FL 32137

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Sheila C. Hart  
Address: 45 Riverview Bend S, #1926  
Palm Coast, FL 32137

*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*

Sheila C. Hart

Required Signature/Registered Agent

10/22/2010

Date

*I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.*

Sheila C. Hart

Required Signature/Incorporator

10/22/2010

Date