

P10000089833

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

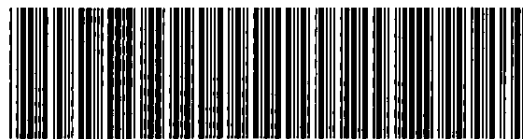
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SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 NOV - 1 AM 8:55

3 McKnight NOV 05 2010

COVER LETTER

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

SUBJECT: Hamilton McMillon, P.A.

(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: Paulette Hamilton

Name (Printed or typed)

5245 Millenia Blvd, Apt 308

Address

Orlando, FL 32839

City, State & Zip

(352) 514-5291

Daytime Telephone number

hamiltonmcmillon@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

Hamilton McMillon, P.A.
The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

Principal street address
5245 Millenia Blvd, Apt 308
Orlando, FL 32839

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To engage in the practice of providing legal services and to own and hold property, enter into contracts, and carry on any business useful for, incidental to, necessary for or appropriate for the operation of the foregoing activities.

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Paulette Hamilton, Esq.
Address: 5245 Millenia Blvd, Apt 308
Orlando, FL 32839

Name and Title: LaTasha McMillon, Esq.
Address: 7929 Flower Avenue
Tampa, FL 33619

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: Paulette Hamilton
Address: 5245 Millenia Blvd, Apt 308
Orlando, FL 32839

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Paulette Hamilton
Address: 5245 Millenia Blvd, Apt 308
Orlando, FL 32839

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

Paulette Hamilton

Required Signature/Registered Agent

10/24/2010

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.

Paulette Hamilton

Required Signature/Incorporator

10/24/2010

Date

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