

P10000099821

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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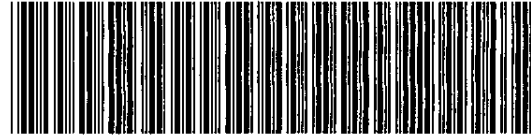
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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FILED  
10 DEC -9 AM 9:55  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

MRD  
12/10

## COVER LETTER

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

SUBJECT: Hillcrest Homes of Central Florida, 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: Tanner Andrews, P.A.

Name (Printed or typed)

P.O. Box 1208

Address

DeLand, FLA 32721

City, State & Zip

+1 386 490 1128

Daytime Telephone number

tanner@sunshine-lawyer.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)

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10 DEC -9 AM 9:55

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**ARTICLE I NAME**

Hillcrest Homes of Central Florida, Inc.

The name of the corporation shall be:

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
1937 High St.  
Longwood, FLA 32750

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

To construct fine homes and make quality improvements to existing homes, and to do all things lawful in connection with such construction and improvements.

**ARTICLE IV SHARES**

The number of shares of stock is: 1000

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

Name and Title: Anthony B. Giordano, President  
Address: 303 Lake Griffin Cir.  
Casselberry, FLA 32707

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

Name and Title: Robert L. Stone, Vice President  
Address: 1562 Elf Stone Dr.  
Casselberry, FLA 32707

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:

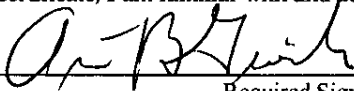
Name: Anthony Giordano  
Address: 1937 High St.  
Longwood, FLA 32750

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Tanner Andrews  
Address: P.O. Box 1208  
DeLand, FLA 32721

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



Required Signature/Registered Agent

02-Dec-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.



Required Signature/Incorporator

30-Nov-2010

Date