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(Requestor's Name)

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(City/State/Zip/Phone #)

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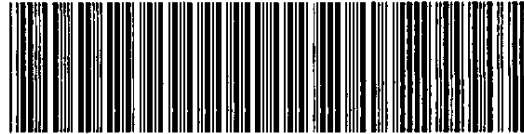
(Business Entity Name)

(Document Number)

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CLERK OF STATE  
TALLAHASSEE, FLORIDA

1 Bush FEB 1 2011

## COVER LETTER

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

SUBJECT: Hartman Constructin & Properties, 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: Donald D. Hartman  
Name (Printed or typed)

25950 Sackamaxon Dr.  
Address

Sorrento, FL 32776  
City, State & Zip

352-350-3770  
Daytime Telephone number

boca.builder@comcast.net  
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: Hartman Construction & Properties, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
25950 Sackamaxon Dr.  
Sorrento, FL 32776

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:  
Construction and remodeling

**ARTICLE IV SHARES**

The number of shares of stock is: 100

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

Name and Title: Donald D. Hartman, President  
Address: 25950 Sackamaxon Dr.  
Sorrento, FL 32776

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

Name and Title: Cheryl L. Hartman, VP, Sec., Treas.  
Address: 25950 Sackamaxon Dr.  
Sorrento, FL 32776

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: Cheryl L. Hartman  
Address: 25950 Sackamaxon Dr.  
Sorrento, FL 32776

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Cheryl L. Hartman  
Address: 25950 Sackamaxon Dr.  
Sorrento, FL 32776

*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*

Cheryl L. Hartman

Cheryl L. Hartman  
Required Signature/Registered Agent

1/27/2011

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.*

Cheryl L. Hartman

Cheryl L. Hartman  
Required Signature/Incorporator

1/27/2011

Date

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA