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## **COVER LETTER**

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

SUBJECT: Charles Hayes and Ass	sociates, P.A.	
(PROPOSED CORPORA'	TE NAME – <u>MUST INCI</u>	LUDE SUFFIX)
Enclosed are an original and one (1) copy of the artic	cles of incorporation an	d a check for:
\$70.00 \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy  ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status OPY REQUIRED
FROM: <u>Charles R. Hayes</u> Name . 14854 Tybee Island Dr.	(Printed or typed)	A (F) est
Naples, FL 34119	State & Zip	•
239-353-2557	elephone number	
chayes 1980@hotmail.co E-mail address: (to be used	m for future annual report	notification)
NOTE: Please provide the or	iginal and one copy o	f the articles

## ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE II		Mailing addw	Mailing address, if different is:	
	Principal <u>street</u> address 14854 Tybee Island Dr.		ess, ii different is:	
	Naples, FL 34119			
			,	
ARTICLE III	PURPOSE			
	r which the corporation is organized is:			
	ration Shall Perform Legal Service			
Admitted Te	o The Florida Bar And Licensed	To Practice Law In The State	of Florida.	
			was not	
			2 2	
	<u>SHARES</u>			
he number of s	shares of stock is:10,000			
DTICLE II	INITIAL OFFICERS AND/OR DIR	PCTADE	$\sim$ $\sim$	
Nome and	Title:Charles P. Hayes	Name and Title:		
Address:	Title:Charles R. Hayes  14854 Tybee Island Dr.	Address:	11.	
11441055.	Naples, FL 34119		~~ <del>~~</del>	
Name and	l Title:			
Address:				
		<del></del>	<del></del> _	
Name and	! Title:	Name and Title:		
Address:		Address:		
			· · · · · · · · · · · · · · · · · · ·	
DTICLE III	REGISTERED AGENT			
	Florida street address (P.O. Box NOT accept	stable) of the registered agent is:		
Name:	Charles R. Hayes			
Address:				
	Naples, FL 34119			
	•			
	I INCORPORATOR			
ne <u>name and a</u> Name:	address of the Incorporator is:			
Address:	Charles R. Hayes  14854 Tybee Island Dr.	<del></del>	•	
Addiess.	Naples, FL 34119	<del></del>		
	amed as registered agent to accept service of			
is certificate, l	am familiar with and accept the appointmen	nt as registered agent and agree to act i	n this capacity	
/.			1/20/2	
			1/26/2011	
_///	Required Signature/Registered Ag	gent	/ Ďate	
-64				
submit this de	vormant and affirm that the facts stated be	Waln one torre I am more that the Cal	na information anticular to	
	ocument and affirm that the facts stated he			
	ocument and affirm that the facts stated he Department of State constitutes a third degr			