

P110000026237

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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TALLAHASSEE, FLORIDA

Name (Printed or typed)

2101- 5th Ave. No.

Address

St. Petersburg, FL 33713

City, State & Zip

(727) 323-8886

Daytime Telephone number

DCA@thedisabilityfirm.com

E-mail address: (to be used for future annual report notification)

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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: **HOT TAILS & SUCH, INC.**

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
18090 U.S. HWY 27  
LAKE WALES, FL 33859

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:  
**FOR ALL LAWFUL PURPOSES**

**ARTICLE IV SHARES**

The number of shares of stock is: **500**

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

Name and Title:	<u>Woodrow W. Ellison, Jr., President</u>	Name and Title:	_____
Address:	<u>4009 Lake Kotsa Drive</u>	Address:	_____
	<u>Lake Wales, FL 33898</u>		_____

Name and Title:	<u>Woodrow W. Ellison, Jr., Director</u>	Name and Title:	_____
Address:	<u>4009 Lake Kotsa Drive</u>	Address:	_____
	<u>Lake Wales, FL 33898</u>		_____

Name and Title:	_____	Name and Title:	_____
Address:	_____	Address:	_____
	_____		_____

**ARTICLE VI REGISTERED AGENT**

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

Name: Donald C. Anderson, Jr.  
Address: 2101- 5th Ave. No.  
St. Petersburg, FL 33713

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Donald C. Anderson, Jr.  
Address: 2101- 5th Ave. No.  
St. Petersburg, FL 33713

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

3/8/11  
\_\_\_\_\_  
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

3/8/11  
\_\_\_\_\_  
Date

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