

P/1000041245

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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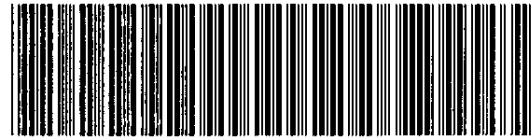
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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11 APR 27 PM 3:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

W 04/28/11

COVER LETTER

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

SUBJECT: Hitchcock Financial Services 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: Hitchcock Financial Services P.A.

Name (Printed or typed)

1583 E. Silver Star Rd #191

Address

Ocoee, FL 34761

City, State & Zip

407-341-7133

Daytime Telephone number

LeAnn.CPA@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

The name of the corporation shall be: Hitchcock Financial Services P.A.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

1583 E. Silver Star Rd #191
Ocoee, FL 34761

1583 E. Silver Star Rd #191
Ocoee, FL 34761

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To provide financial & accounting services to individuals and corporations.

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TALLAHASSEE, FLORIDA

ARTICLE IV SHARES

The number of shares of stock is: 1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: LeAnn Hitchcock, CEO & President

Address: 1583 E. Silver Star Rd #191
Ocoee, FL 34761

Name and Title: _____

Address: _____

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: LeAnn Hitchcock

Address: 1583 E. Silver Star Rd #191
Ocoee, FL 34761

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: LeAnn Hitchcock

Address: 1583 E. Silver Star Rd #191
Ocoee, FL 34761

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

LeAnn Hitchcock

Required Signature/Registered Agent

4/22/11
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.

LeAnn Hitchcock

Required Signature/Incorporator

4/22/11
Date