

P11000068701

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

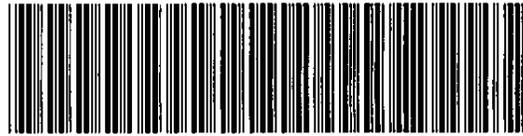
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2011 JUL 29 PM 4:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. Burch AUG 1 2011

COVER LETTER

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

SUBJECT: Florida's Heartland Solutions, 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

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: Lauren E. Cormier
Name (Printed or typed)

552 Hatchwood Dr.
Address

Haines City, FL 33844
City, State & Zip

863-438-6403
Daytime Telephone number

laurenelaine82@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

Florida's Heartland Solutions, Inc.

The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

Principal street address
552 Hatchwood Dr.
Haines City, FL 33844

Mailing address, if different is:
552 Hatchwood Dr.
Haines City, FL 33844

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

The purpose of the corporation is to conduct any lawful purpose or purposes.

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ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Lauren E. Cormier, President
Address: 552 Hatchwood Dr.
Haines City, FL 33844

Name and Title: Matthew A. Dorminey, Vice President
Address: 552 Hatchwood Dr.
Haines City, FL 33844

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: Lauren E. Cormier
Address: 552 Hatchwood Dr.
Haines City, FL 33844

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Lauren E. Cormier
Address: 552 Hatchwood Dr.
Haines City, FL 33844

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

[Handwritten Signature]
Required Signature/Registered Agent

7-25-11
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.

[Handwritten Signature]
Required Signature/Incorporator

7-25-11
Date