

P11 000080291

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

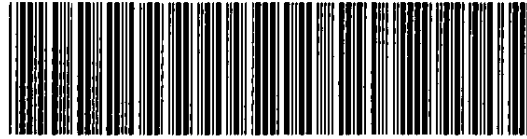
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

~~6211-45405~~

Office Use Only



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08/31/11--01006--010 **70.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11 SEP -9 PM 4:49

APPROVED
AND
FILED

11/1

COVER LETTER

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

SUBJECT: HTCI LABS, 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: Amanda Pearson

Name (Printed or typed)

7935 114th Ave N, Suite 1100

Address

Largo, FL 33773

City, State & Zip

813-343-0766

Daytime Telephone number

amanda@gohtci.com

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

NOTE: Please provide the original and one copy of the articles.



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 1, 2011

AMANDA PEARSON
7935 114TH AVE N, SUITE 1100
LARGO, FL 33773

SUBJECT: HTCI LABS, INC
Ref. Number: W11000045405

We have received your document for HTCI LABS, INC and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6962.

Valerie Herring
Regulatory Specialist II
New Filing Section

Letter Number: 811A00020417

APPROVED
AND
FILED

ARTICLES OF INCORPORATION

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

11 SEP - 9 PM 4:49

ARTICLE I NAME

HTCI Labs, Inc

The name of the corporation shall be:

SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLE II PRINCIPAL OFFICE

Principal street address

7935 114th Ave N

Suite 1100

Largo, FL 33773

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Law enforcement training

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Stephen Pearson, Managing Partner

Address: 7935 114th Ave N

Suite 1100

Largo, FL 33773

Address:

Name and Title: Thomas Eskridge, Partner

Address: 7935 114th Ave N

Suite 1100

Largo, FL 33773

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: Sam Heller

Address: 100 N Tampa Street, Suite 3500

Tampa, FL 33602

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Amanda Pearson

Address: 7935 114th Ave N, Suite 1100

Largo, FL 33773

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

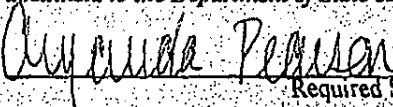


Required Signature/Registered Agent

8/25/11

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.



Required Signature/Incorporator

8-18-11

Date