

P11000098762

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

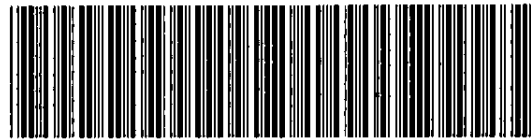
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

11079 NOV 16 2011

## COVER LETTER

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

**SUBJECT:** HTCI Services, 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.**

ARTICLES OF INCORPORATION

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

**ARTICLE I NAME** HTCI Services, Inc.

The name of the corporation shall be:

**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:

Any lawful purpose

**ARTICLE IV SHARES**

The number of shares of stock is: 100

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

Name and Title: Stephen Pearson, President

Address: 7935 114th Ave N

Suite 1100

Largo, FL 33773

Name and Title:

Address:

Name and Title: Thomas Eskridge, VP

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: Samuel Heller

Address: 100 N. Tampa St., Suite 3500

Tampa, FL 33602

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Amanda Pearson

Address: 7935 114th Ave N

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

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

10-31-11

Date