

P11000107078

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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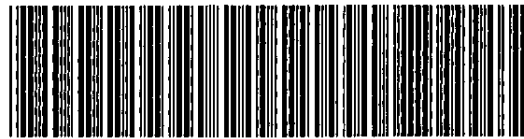
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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12/19/11--01022--009 **\$1.50

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2011 DEC 19 PM 4:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. Burch DEC 20 2011

COVER LETTER

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

SUBJECT: Hamilton Home 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

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

FROM: Scott Hamilton

Name (Printed or typed)

PO BOX 551454

Address

Jacksonville FL 32255

City, State & Zip

904-252-2540

Daytime Telephone number

scott_hamilton62@yahoo.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: Hamilton Home Services, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address
345 Brooks Circle E
Jacksonville FL 32211

Mailing address, if different is:

PO BOX 551454
Jacksonville FL 32255

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
To provide in-home appliance installation.

ARTICLE IV SHARES

The number of shares of stock is: 10,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Scott Hamilton, President
Address: PO BOX 551454
Jacksonville FL 32255

Name and Title: _____
Address: _____

Name and Title: Steve Hamilton, Vice President
Address: PO BOX 551454
Jacksonville FL 32255

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: Scott Hamilton
Address: 345 Brooks Circle E
Jacksonville FL 32211

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Scott Hamilton
Address: PO BOX 551454
Jacksonville FL 32255

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

12-15-11

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

12-15-11

Date

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TALLAHASSEE, FLORIDA