

FEB. 9 2012 2:36 PM

CAPITAL CONNECTION

0.89

Page 1 of 1

**Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet**

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H12000035594 3)))



H120000355943ABC

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 617-6381

From:

Account Name : YOUR CAPITAL CONNECTION, INC.
Account Number : 120000000257
Phone : (850) 224-8870
Fax Number : (850) 222-1222

12 FEB - 9 AM 9:32

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**FLORIDA PROFIT/NON PROFIT CORPORATION
HUBBARD LENDING CORPORATION**

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$78.75

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

12 FEB - 9 PM 3:35

RECEIVED

Electronic Filing Menu

Corporate Filing Menu

Help

FEB. 9. 2012 2:36PM,

CAPITAL CONNECTION

NO. 8919 P. 2

COVER LETTER

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

SUBJECT: **HUBBARD LENDING CORPORATION**
(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: **KAY HUBBARD**
Name (Printed or typed)

3608 W. AZEELE ST. SUITE 101
Address

TAMPA, FLORIDA 33609
City, State & Zip

813-353-4222
Daytime Telephone number

RAYCRUZ@RAYCRUZ.COM
E-mail address: (to be used for future annual report notification)

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

FEB. 9. 2012 2:36PM

CAPITAL CONNECTION

NO. 8919 P. 3

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

ARTICLES OF INCORPORATION

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

12 FEB -9 AM 9:32

ARTICLE I NAME
The name of the corporation shall be: Hubbard Lending Corporation

ARTICLE II PRINCIPAL OFFICE
Principal street address
3608 W. AZEELE ST
SUITE 101
TAMPA FLORIDA 33609

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

This Corporation is being organized in the transaction of any and all business activities permitted under the laws of Florida and the United States of America.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Kay L. Hubbard PRESIDENT Name and Title: _____
Address: 3608 W. AZEELE ST Address: _____
SUITE 101
TAMPA, FLORIDA 33609

Name and Title: _____ Name and Title: _____
Address: _____ Address: _____

Name and Title: _____ Name and Title: _____
Address: _____ Address: _____

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: RAY CRUZ
Address: 4024 W. BAY TO BAY BLVD
TAMPA, FL 33629

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: RAY CRUZ
Address: 4024 W. BAY TO BAY BLVD
TAMPA, FLORIDA 33629

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

[Signature]
Required Signature/Registered Agent

02/08/2012

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.

[Signature]
Required Signature/Incorporator

02/08/2012

Date