P12 000 0023905

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)
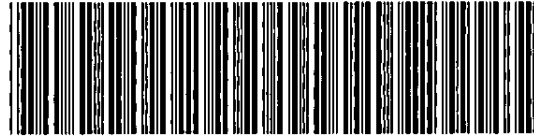
☐ PICK-UP   ☐ WAIT   ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____   Certificates of Status _____

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COVER LETTER

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

SUBJECT: _Anthony Hunt Group Inc._
(PROPOSED CORPORATE NAME – <u>MUST INCLUDE SUFFIX</u>)

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: _Anthony Hunt_
Name (Printed or typed)

P.b. Box 55/543
Address

Jacksonville, Fl 32255
City, State & Zip

_(904) 424.3460_
Daytime Telephone number

thunt530@ 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
The name of the corporation shall be: *Anthony Hunt Group Inc.*

ARTICLE II   PRINCIPAL OFFICE
~~Principal~~ *Mailing* street address
    P.O. BOX 55/543
    JAX, Fl 32255

Principal
~~Mailing~~ address, if different is:
    9216 Leith Dr
    Jax Fl 32208

ARTICLE III   PURPOSE
The purpose for which the corporation is organized is: *ANY All Lawful Business*

ARTICLE IV   SHARES
The number of shares of stock is: *100*

ARTICLE V   INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: *Anthony Hunt*
Address: *P.O. Box 55/543*
    JAX, Fl 32255

Name and Title:_____
Address: _____

Name and Title: *Elouise J. Hunt*
Address: *9216 Leith Dn*
    JAX, Fl 32208

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: *Anthony Hunt*
Address: *9216 Leith Dr*
    JAX, Fl 32208

ARTICLE VII   INCORPORATOR
The **name and address** of the Incorporator is:
Name: *Anthony Hunt*
Address: *P.O. Box 55/543*
    JAX, 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

_____   *3/12/12*
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.

_____   *3/12/12*
Required Signature/Incorporator   Date