

192000043094

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

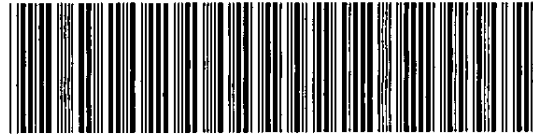
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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05/07/12--01020--006 **87.50

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 MAY -7 PM 2:52

PS s/s/in

COVER LETTER

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

SUBJECT: Huck Finn & Associates, 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: Thomas W. Sawyer

Name (Printed or typed)

7705 NW 48th Street, Suite 110 120

Address

Doral, Florida 33166

City, State & Zip

(305) 477-0016

Daytime Telephone number

tsawyer@zinndevco.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)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

ARTICLE I NAME

The name of the corporation shall be: **Huck Finn & Associates, Inc.**

12 MAY -7 PM 2:52

ARTICLE II PRINCIPAL OFFICE

Principal street address
7705 NW 48th Street
Suite 110
Doral, Florida 33166

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
A commercial property management company.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	Thomas W. Sawyer Dir./Pres.	Name and Title:	
Address:	7705 NW 48th Street	Address:	
	Suite 110		
	Doral, Florida 33166		

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:

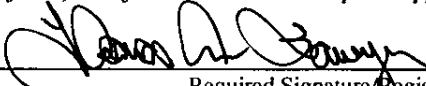
Name: Thomas W. Sawyer
Address: 7705 NW 48th Street, Suite 110
Doral, Florida 33166

ARTICLE VII INCORPORATOR

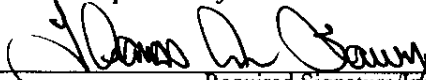
The name and address of the Incorporator is:

Name: Thomas W. Sawyer
Address: 7705 NW 48th Street, Suite 110
Doral, Florida 33166

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

	05/02/12
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.

	05/02/12
Required Signature/Incorporator	Date