

P/2000056397

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

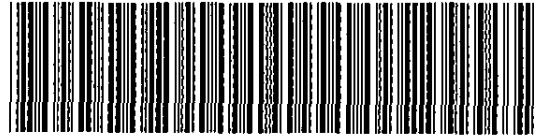
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1/4

COVER LETTER

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

SUBJECT: Hubbard Construction, Inc. Company
(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: Sylvia Hubbard
Name (Printed or typed)
1720 S. Gadsden St, Suite 223
Address
TALL FLA 32301
City, State & Zip
(850) 942-6222
Daytime Telephone number
sylvia.hubbarde@maaca.us
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: Hubbard **SISTERS construction Company**

ARTICLE II PRINCIPAL OFFICE

The principal place of business is: 1720 South Gadsden Street, Suite 223, Tallahassee, Florida 32301.

ARTICLE III PURPOSE

The purpose for which the corporation is organized: to provide specialized quality drywall, concrete, fencing and decking for both residential and commercial customers throughout North Florida.

ARTICLE IV SHARES

100 Shares

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Sylvia Hubbard, Owner

Christopher Hubbard, Co-owner

Niya Hubbard, President

311 Gaile Ave

311 Gaile Ave

617 Dent Street

Tallahassee, Florida 32301

Tallahassee, Florida 32301

Tallahassee, Florida 32301

ARTICLE VI REGISTERED AGENT

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

Name: **Sylvia Hubbard**

Address: 1720 S. Gadsden Street, Suite 223,
Tallahassee, Florida 32301

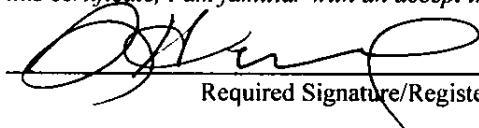
ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Sylvia Hubbard

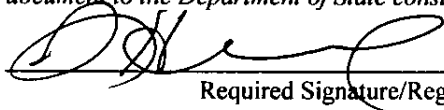
Address: 311 Gaile Ave
Tallahassee, Florida 32305

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

6/21/12
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/Registered Agent

6/21/12
Date

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