

P12000058675

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

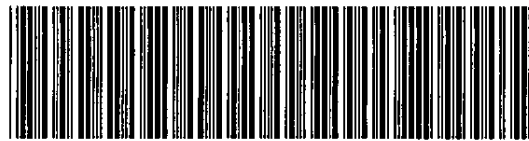
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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06/29/12--01019--025 **78.75

FILED
12 JUN 29 PM 5:00
STATE
TALLAHASSEE, FLORIDA

K @ 07/02/12

COVER LETTER

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

SUBJECT: Phillip Hubbard Incorporated

(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: Phillip Hubbard

Name (Printed or typed)

404 W. Dixon St.

Address

Orange City, FL 32763

City, State & Zip

386-748-9229

Daytime Telephone number

pwhubbard@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 Phillip Hubbard Incorporated
The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

Principal street address
404 W. Dixon St.
Orange City, FL 32763

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

I am in the Bureau of Business Enterprises program through the Division of Blind Services and am ready to start my own business.

ARTICLE IV SHARES

The number of shares of stock is: 1500

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Phillip Hubbard Owner/President
Address: 404 W. Dixon St.
Orange City, FL 32763

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

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:

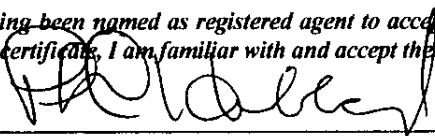
Name: Phillip Hubbard
Address: 404 W. Dixon St.
Orange City, FL 32763

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Phillip Hubbard
Address: 404 W. Dixon St.
Orange City, FL 32763

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

6/26/12
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/Incorporator

6/26/12
Date

FILED
12 JUN 29 PM 5:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA