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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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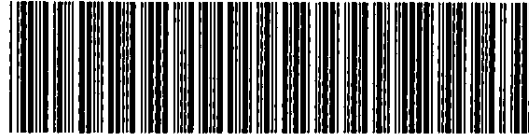
(Business Entity Name)

(Document Number)

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TALLAHASSEE FLORIDA

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COVER LETTER

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

SUBJECT: SHARON KAYE HAGEN, 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

☐ \$78.75 Filing Fee
& Certified Copy
☐ \$87.50 Filing Fee,
Certified Copy
& Certificate of
Status
ADDITIONAL COPY REQUIRED

FROM: SHARON K. HAGEN

Name (Printed or typed)

P.O. BOX 337

Address

ORANGE LAKE, FL. 32681

City, State & Zip

351-351-1007

Daytime Telephone number

SKHagen@earthlink.net

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

SHARON KAYE HAGEN, INC.
The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address
911 NE 2ND STREET
OCALA, FL 34470

Mailing address, if different is:
P.O. BOX 337
ORANGE LAKE, FL 32681

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
FAMILY PSYCHOLOGIST

ARTICLE IV SHARES

The number of shares of stock is: 1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: SHARON K. HAGEN - PRESIDENT	Name and Title: _____
Address: P.O. BOX 337	Address: _____
ORANGE LAKE, FL 32681	_____

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: SHARON K. HAGEN
Address: 911 NE 2ND STREET
OCALA, FL 34470

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: SHARON K. HAGEN
Address: 911 NE 2ND STREET
OCALA, FL 34470

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

Sharon K. Hagen

Required Signature/Registered Agent

09/10/2012

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.

Sharon K. Hagen

Required Signature/Incorporator

09/10/2012

Date

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

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