

P12000078942

(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



700239615207

09/17/12--01022--016 **87.50

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 SEP 17 PM 12:39

9/18/12

COVER LETTER

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

SUBJECT: HUETTS EDGE 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: Stephen E. HUETT
Name (Printed or typed)
clo Bev Crowson
2464 Argula Drive
Address
North Port, FL 34289
City, State & Zip
240-298-1894
Daytime Telephone number
huett@verizon.net
E-mail address: (to be used for future annual report notification)

FILED
12 SEP 17 PM 12:39
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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: Huetts Edge Inc.

12 SEP 17 PM 12:39

ARTICLE II PRINCIPAL OFFICE

Principal street address

2464 Arugula Drive
North Port, FL 34289

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Professional Corporation

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Stephen Eugene Huetts, President

Address: 21944 Oakley Road
Avenue, MD 20609

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: Robert Mobley

Address: 2066 Coral Point Drive
Cape Coral, FL 33990

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Terri Lee Larsen

Address: 16724 THREE NOTCH ROAD
RIDGE, MD 20680

MAILING:

PO Box 1816
CALIFORNIA, MD 20619

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

Robert Mobley
Required Signature/Registered Agent

9/13/2012
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.

Terri Lee Larsen
Required Signature/Incorporator

9/12/2012
Date