

P12 000097516

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

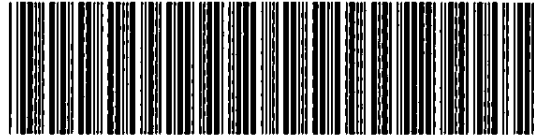
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Effective Date Jan 1, 2013

11/28/12--01019--017 \*\*70.00

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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TALLAHASSEE, FLORIDA

11-28-12

## COVER LETTER

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

SUBJECT: The H CORPORATION of Jacksonville 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: Elouise Hunt  
Name (Printed or typed)

~~1000 Bayside Dr~~ 8381 Baymeadows Rd.  
Address

JACKSONVILLE, FL 32256  
City, State & Zip

(904) 683-9761  
Daytime Telephone number

thunt530@gmail.com  
E-mail address: (to be used for future annual report notification)

**NOTE: Please provide the original and one copy of the articles.**

FILING CANCELLED  
RETURNED CHECK

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: The H CORPORATION OF Jacksonville  
EPA. Dat 1-1-2013

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
9216 Leith Dr  
JACKSONVILLE, FL 32208  
3

Mailing address, if different is:  
P.O. Box 5515  
8381 Baymeadows Rd.  
Jacksonville, FL 32256

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: All LEGAL AND LAWFUL BUSINESS

**ARTICLE IV SHARES**

The number of shares of stock is: 100

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Elouise HUNT (P)  
Address: 9216 Leith Dr.  
JACKSONVILLE, FL 32208

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: ANTHONY HUNT  
Address: 9536 Princeton St. Blvd. S 209  
JACKSONVILLE, FL 32256

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Elouise Hunt  
Address: 9216 Leith Dr.  
JACKSONVILLE, FL 32208

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

[Signature]  
Required Signature/Registered Agent

11/28/12  
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.

Elouise J. Hunt  
Required Signature/Incorporator

11/28/12  
Date