

P130000013310

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

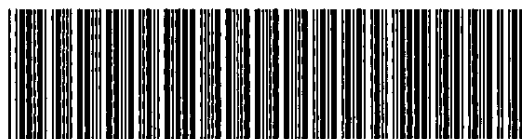
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800243666298

01/22/13--01018--014 **78.75

FILED
13 FEB -7 PM 2:40
SECRETARY OF STATE
TALLAHASSEE FLORIDA

2/8
4/23
90

W13-4556

COVER LETTER

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

SUBJECT: Hurst Management, 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: Robert P. Hurst

Name (Printed or typed)

104 E. Washington St, Suite 1A

Address

Quincy, FL 32351

City, State & Zip

(850) 228-6027

Daytime Telephone number

northfltherapyservices@yahoo.com

E-mail address: (to be used for future annual report notification)

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



RECEIVED

13 FEB -7 AM 10:33

FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED
FLORIDA

January 23, 2013

ROBERT P. HURST
104 E. WASHINGTON ST SUITE 1A
QUINCY, FL 32351

SUBJECT: ~~HURST MANAGEMENT, INC.~~ *North Florida Therapy Services, Inc.*
Ref. Number: W13000004556

We have received your document for HURST MANAGEMENT, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Jessica A Fason
Regulatory Specialist II

Letter Number: 313A00001763

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: ~~Hurst Management, Inc.~~

North Florida
Therapy Services, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

104 E. Washington St

Suite 1A

Quincy, FL 32351

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: provide management services for businesses

ARTICLE IV SHARES

The number of shares of stock is: 1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Robert P. Hurst, president

Address: 104 E. Washington St

Suite 1A

Quincy, FL 32351

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

FILED
13 FEB -7 PM 2:40
SECRETARY OF STATE
TALLAHASSEE FLORIDA

(cont.)

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: Robert P. Hurst
Address: 104 E. Washington St, Suite 1A
Quincy, FL 32351

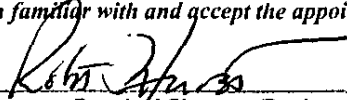
ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Robert P. Hurst
Address: 104 E. Washington St, Suite 1A
Quincy, FL 32351

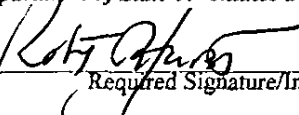
FILED
13 FEB - 7 PM 2:40
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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

1-18-2013
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

1-18-2013
Date