

PR3DDDD37263

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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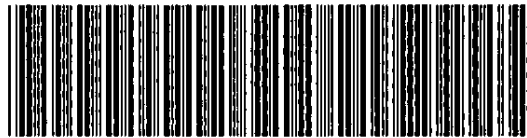
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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04/08/13--01025--011 **78.75

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

4/9

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W13-20686

COVER LETTER

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

SUBJECT: Hamilton Burke & Associates 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: Kaileigh Burke
Name (Printed or typed)

27 Glen St Suite 9A
Address

Stoughton, MA 02072
City, State & Zip

888-638-8704
Daytime Telephone number

Kburke@hamiltonburke95sac.com
E-mail address: (to be used for future annual report notification)

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 9, 2013

KAILEIGH BURKE
27 GLEN ST SUITE 9A
STOUGHTON, MA 02072

SUBJECT: HAMILTON BURKE & ASSOCIATES INC.
Ref. Number: W13000020686

We have received your document for HAMILTON BURKE & ASSOCIATES 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 document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

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: 813A00008353

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: Hamilton, Burke & Associates, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

4101 Woodland Cir
Deland FL 32724

Mailing address, if different is:

27 Glen St #9A
Stoughton, MA 02072

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: debt collection

ARTICLE IV SHARES

The number of shares of stock is: 1 share

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Kaileigh Burke President

Name and Title: _____

Address

27 Glen St #9A
Stoughton, MA
02072

Address: _____

Name and Title: _____

Name and Title: _____

Address

Address: _____

Name and Title: _____

Name and Title: _____

Address

Address: _____

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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: Deborah Smith
Address: 4101 Woodland Cir
Deland, FL 32724

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Kaitleigh Burke
Address: 27 Glen St #9A
Stoughton, MA 02072

SECRETARY OF STATE
TALLAHASSEE FLORIDA

13 APR 24 AM 11:39

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

Deborah L. Smith
Required Signature/Registered Agent

4/3/13
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.

K Burke
Required Signature/Incorporator

4/3/13
Date