

P13000080343

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

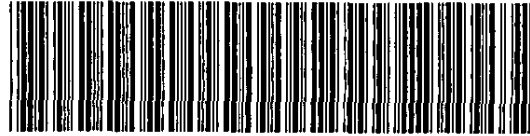
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800252092088

09/27/13--01007--008 **70.00

13 SEP 27 AM 8:00

RECEIVED
DIVISION OF REGISTRATION
13 SEP 27 AM 8:00

COVER LETTER

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

SUBJECT: H.I.T. TENNIS 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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

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

ADDITIONAL COPY REQUIRED

FROM: YOHANN A NOGRABAT
Name (Printed or typed)

14710 REDCLIFF DR
Address

TAMPA, FL, 33625
City, State & Zip

309-533-1983
Daytime Telephone number

YOHANNLAKEBLUFF@GMAIL.COM
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

The name of the corporation shall be: H. I. T. TENNIS INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

14710 REDCLIFF DR
TAMPA, FL, 33625

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: _____

TENNIS INSTRUCTOR

ARTICLE IV SHARES

The number of shares of stock is: 1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: YOHANN NOGRABAT PRESIDENT Name and Title: _____

Address 14710 REDCLIFF DR Address: _____
TAMPA, FL, 33625 _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

13 SEP 27 AM 8:00
CLERK OF STATE
DIVISION OF CORPORATIONS

(conti.)

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: YOHANN NOGRABAT
Address: 14710 REDCLIFF DR
TAMPA, FL 33625

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: YOHANN NOGRABAT
Address: 14710 REDCLIFF DR
TAMPA, FL 33625

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

09-24-2013
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

09-24-2013
Date

DEPT. OF STATE
DIVISION OF CORPORATIONS
13 SEP 27 AM 8:00