

P13 000100122

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

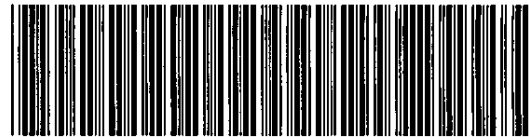
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800253931508

12/16/13--010016--012 **78.75

FILED
13 DEC 16 PM 4:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K 12/17/13

COVER LETTER

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

SUBJECT: S.H AND ASSOCIATES SERVICES 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: S.H AND ASSOCIATES SERVICES INC

Name (Printed or typed)

853 NW 3RD STREET STE 5

Address

MIMAIM, FL 33128

City, State & Zip

305-763-7559

Daytime Telephone number

shandassociatesinc@yahoo.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: S.H AND ASSOCIATES SERVICES INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

853 NW 3RD STREET STE 5

MIAMI, FL 33128

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: REMODELING SERVICES

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Samuel Hernandez - President

Name and Title: _____

Address: 853 NW 3rd Street Ste 5

Address: _____

Miami, FL 33128

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

RECEIVED
13 DEC 16 PM 4:19
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: Samuel Hernandez president
Address: 853 NW 3rd Street Ste 5
Miami, FL 33128

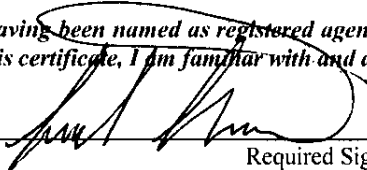
13 DEC 16 PM 4:19
DEPT. OF STATE
TALLAHASSEE, FLORIDA

ARTICLE VII INCORPORATOR

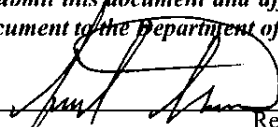
The **name and address** of the Incorporator is:

Name: Samuel Hernandez
Address: 853 NW 3rd Street Ste 5
Miami, FL 33128

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
12/05/2013
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
12/05/2013
Date