

P14000017994

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☐ PICK-UP

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(Business Entity Name)

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14 FEB 20 PM 3:14
SECRETARY OF STATE
TALLAHASSEE FLORIDA

W14-7781

COVER LETTER

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

SUBJECT: H & L 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: HAL McCLELLAND
Name (Printed or typed)
1511 WILLARD AVE.
Address
LEHIGH ACRES, FL 33972
City, State & Zip
305-240-1044
Daytime Telephone number
uham2001@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

14 FEB 20 AM 10:07

FLORIDA DEPARTMENT OF STATE
Division of Corporations
TALLAHASSEE, FLORIDA

February 5, 2014

HAL MCCLELLAND
1511 WILLIARD AVE
LEHIGH ACRES, FL 33972

SUBJECT: H & L INC.
Ref. Number: W14000007781

We have received your document for H & L 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.

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: 414A00002671

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 & L ~~INC~~ Home Specialist, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

1511 WILLARD AVE.
LEHIGH ACRES, FL
33972

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: REAL ESTATE & MAINTENANCE

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: HAL MCCLELLAND, PRESIDENT Name and Title: LINDA MCCLELLAND, VP

Address 1511 WILLARD AVE.
LEHIGH ACRES, FL
33972

Address: 1511 WILLARD AVE
LEHIGH ACRES, FL
33972

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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TALLAHASSEE FLORIDA

(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: HAL McCLELLAND
Address: 1511 WILLARD AVE.
LEHIGH ACRES, FL 33972

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: LINDA McCLELLAND
Address: 1511 WILLARD AVE.
LEHIGH ACRES, FL 33972

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

Hal McL. 1-23-14
Required Signature/Registered Agent 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.

Linda McClelland 1/23/14
Required Signature/Incorporator Date

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TALLAHASSEE FLORIDA