

P140000023277

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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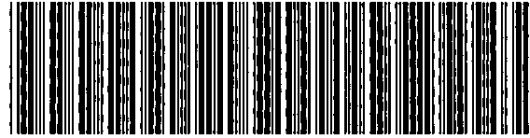
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

TS 3/14/14



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SECRETARY OF STATE
DIVISION OF CORPORATIONS
14 MAR 12 PM 2:33

COVER LETTER

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

SUBJECT: H & A Buffalo's 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: ARTAVIS King
Name (Printed or typed)

3610 STILLMAN Street
Address

JACKSONVILLE Florida 32207
City, State & Zip

904-294-1919.
Daytime Telephone number

bidnight79@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 E A Buffalo's Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

3610 Stillman Street
Jacksonville Florida
32207

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Food Vending - Truck.

ARTICLE IV SHARES

The number of shares of stock is: 1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Artavis King President Name and Title: _____
Address: 3610 Stillman Street Address: _____
Jacksonville Florida
32207

Name and Title: Wanda King - Vice President Name and Title: _____
Address: 3610 Stillman Street Address: _____
Jacksonville Florida
32207

Name and Title: _____ Name and Title: _____
Address: _____ Address: _____

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14 MAR 12 PM 2:33

(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: ARTAVIS King
Address: 3610 STILLMAN street
JACKSONVILLE FLORIDA 32207

ARTICLE VII INCORPORATOR

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

Name: ARTAVIS King
Address: 3610 STILLMAN Street
JACKSONVILLE FLORIDA 32207

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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

Artavis King 3-6-2014
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.

Artavis King 3-6-2014
Required Signature/Incorporator Date