

PI4 0000 59918

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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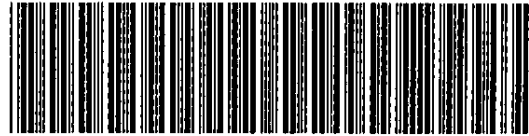
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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DIVISION OF CORPORATIONS
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COVER LETTER

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

SUBJECT: HEDRITE 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: KENNETH R. SCIACCA

Name (Printed or typed)

1086 SOUSKNELEY SW

Address

WINTER HAVEN FL 33880

City, State & Zip

813-362-6066

Daytime Telephone number

hedriteinc@tampabay-fl.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: HEDRITE INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

1086 SUNSHINE WAY SW
WINTER HAVEN FL
33880

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

COMMERCIAL/INDUSTRIAL EQUIPMENT PAINTING
AND/OR ANY OTHER LAWFUL ACTIVITY

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: KENNETH R. SCIACCA ^{PRES.} Name and Title: _____

Address 1086 SUNSHINE WAY SW Address: _____
WINTER HAVEN FL
33880

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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DIVISION OF CORPORATIONS
14 JUL 14 PM 1:01

(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:

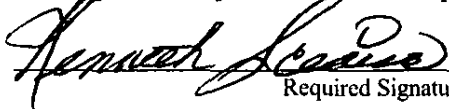
Name: KENNETH L. SCIACCA
Address: 609 OAKLAND HEIGHTS AVE.
PLANT CITY FL 33563

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: KENNETH R. SCIACCA
Address: 1086 SUNSHINE WAY S.W.
WINTER HAVEN FL 33880


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

6/13/14
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

6-13-14
Date