

P14000067999

(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



400261742984

08/11/14--01035--006 **87.50

14 AUG 11 PM 3:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVAL
AND
FILED

1/14

COVER LETTER

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

SUBJECT: **GRIFFIN HAGAN, 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: **DONALD HAGAN**

Name (Printed or typed)

1000 S. TAMiami TRAIL

Address

SARASOTA, FL 34236

City, State & Zip

941-706-5928

Daytime Telephone number

GRIFFINISH@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)

APPROVED
AND
FILED

ARTICLE I NAME

The name of the corporation shall be: GRIFFIN HAGAN, INC.

14 AUG 11 PM 3:04

ARTICLE II PRINCIPAL OFFICE

Principal street address

1000 S. TAMiami TRAIL

SARASOTA, FL 34236

Mailing address, if different from principal office address: SECURITY STATE
TALLAHASSEE, FLORIDA

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: FINANCIAL RESEARCH

ARTICLE IV SHARES
The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: DONALD HAGAN, PRESIDENT

Address: 139 SAND DOLLAR LANE
SARASOTA, FL 34242

Name and Title: JOHN GRIFFIN, CEO

Address: 8353 SHADOW PINE WAY
SARASOTA, FL 34238

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

APPROVAL (cont.)
AND
FILED

Name and Title: _____ Name and Title: 14 AUG 11 PM 3:04
Address: _____ Address: SECRETARY OF STATE

_____ TALLAHASSEE FLORIDA

ARTICLE VI REGISTERED AGENT

The **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:

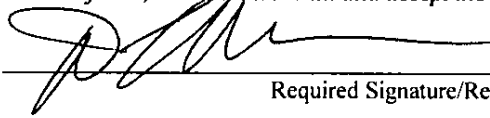
Name: DONALD HAGAN
Address: 1000 S. TAMiami TRAIL
SARASOTA, FL 34236

ARTICLE VII INCORPORATOR

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

Name: DONALD HAGAN
Address: 1000 S. TAMiami TRAIL
SARASOTA, FL 34236

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

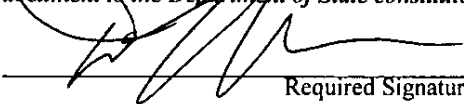


Required Signature/Registered Agent

7/30/2014

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

7/30/2014

Date