P15000023324

(Requestor's Name)				
(Address)				
(Address)				
(Cit	ty/State/Zip/Phon	e #)		
PICK-UP	MAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				





200269218802

03/09/15--01041--010 **78.75

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



COVER LETTER

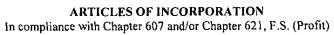
Department of State New Filing Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

SURJECT: Hail	es Boarding Hor	me, Inc.	
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	inal and one (1) copy of the ar	ticles of incorporation and	d 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 CO	PY REQUIRED
_			
FROM: T	homas W. Caufr	nan	
_	Nam	e (Printed or typed)	
49	905 West Laurel	Street #200	
		Address	
Ta	ampa, FL 33607		
	City	, State & Zip	
8)	313) 286-8818		
	Daytime '	relephone number	

NOTE: Please provide the original and one copy of the articles.

TCAUFMAN@QPWBLAW.COM

E-mail address: (to be used for future annual report notification)





The name of the corporati	ion shall be: Hailes Boarding H	ome, Inc.	15 MAR -9 PM 12: 21
ARTICLE II PRIN	VCIPAL OFFICE Principal <u>street</u> address		SECRETARY OF STATE addr eat[light]Res ; FLORIDA
Tampa, FL 33			
ARTICLE III PURI The purpose for which th	POSE ne corporation is organized is: all lawfu	ul purposes	
	RES Stock is: 100 TAL OFFICERS AND/OR DIRECTOR Andrea Jones, President		
	1009 N. Willow Ave.	Name and Title:	
Address	Tampa, FL 33607	Address:	
	Tampa, 1 L 33007		
Name and Title:		Name and Title:	
Address		Address:	
Name and Title:		Name and Title:	
Address		Address:	
		_	



Name and	Title:	Name and Title:_	15 MAR -9 PM 12: 22
Address		Address: _	SECRETARY OF STATE TALLAHASSEE, FLORIDA
		-	
ARTICLE VI The name and Flo	REGISTERED AGENT rida street address (P.O. Box NOT acceptable) of	the registered agen	ıt is:
Name:	Thomas W. Caufman	•	
Address:	4905 West Laurel Street #200		
radiess.	Tampa, FL 33607		
ARTICLE VII The name and add Name: Address:	INCORPORATOR Iress of the Incorporator is: Thomas W. Caufman 4905 West Laurel Street #200		
. 144.7	Tampa, FL 33607		
Having been name this certificate, I a	ed as registered agent to accept service of process m familiar with and accept the appointment as reg	for the above stat istered agent and c	ed corporation at the place designated in agree to act in this capacity
ンし	h. (f		March 4, 2015
	Required Signature/Registered Agent		Date
I submit this docu	ment and affirm that the facts stated herein are epartment of State constitutes a third degree felon	true. I am aware i y as provided for ii	that the false information submitted in a n s.817.155, F.S.
フレ	- Wi 4		March 4, 2015
	Required Signature/Incorporator		Date