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15 MAR -9 PM 12:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

1/4

COVER LETTER

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

SUBJECT: Hailes Boarding Home, 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: Thomas W. Cauffman

Name (Printed or typed)

4905 West Laurel Street #200

Address

Tampa, FL 33607

City, State & Zip

(813) 286-8818

Daytime Telephone number

TCAUFMAN@QPWBLAW.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:

Hailes Boarding Home, Inc.

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ARTICLE II PRINCIPAL OFFICE

Principal street address

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1009 North Willow Avenue

Tampa, FL 33607

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

all lawful purposes

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Andrea Jones, President

Name and Title: _____

Address 1009 N. Willow Ave.

Address: _____

Tampa, FL 33607

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

APPROVAL
AND
FILED (cont.)

15 MAR -9 PM 12: 22

Name and Title: _____	Name and Title: _____
Address _____	Address: <u>SECRETARY OF STATE</u>
_____	<u>TALLAHASSEE, FLORIDA</u>
_____	_____

ARTICLE VI REGISTERED AGENT

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

Name: Thomas W. Cauffman
Address: 4905 West Laurel Street #200
Tampa, FL 33607

ARTICLE VII INCORPORATOR

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

Name: Thomas W. Cauffman
Address: 4905 West Laurel Street #200
Tampa, FL 33607

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

<u>TL W. Cauffman</u>	<u>March 4, 2015</u>
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.

<u>TL W. Cauffman</u>	<u>March 4, 2015</u>
Required Signature/Incorporator	Date