

P1500003588

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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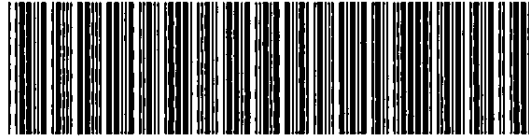
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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APPROVAL
AND
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15 APR 17 PM 4:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1/1

COVER LETTER

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

SUBJECT: Hunters Resources and Advisory 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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☒ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status
ADDITIONAL COPY REQUIRED

FROM: Ola Odewole
Name (Printed or typed)
2131 Madeira Drive
Address
Weston, FL, 33327
City, State & Zip
4152007986
Daytime Telephone number
ola@huntersresources.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: Hunters Resources and Advisory Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

2131 Madeira Drive, Weston, FL, 33327

Mailing address, if different is:

Box 267206, Weston, FL, 33326

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To engage in any lawful act or activity for which a corporation may be organized under
the Florida Business Corporations Act, including; accounting and consulting services,
tutoring and general trading and provision of goods and services.

ARTICLE IV SHARES

The number of shares of stock is: 200

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Olaolu Odewole (Director)

Address 2131 Madeira drive, Weston, FL, 33327

Name and Title: Nafisat Odewole (Director)

Address: 2131 Madeira drive, Weston, FL, 33327

Name and Title: _____

Address _____

Name and Title: _____

Address: _____

Name and Title: _____

Address _____

Name and Title: _____

Address: _____

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

15 APR 17 PM 4:05

APPROVED
AND
FILED

APPROVED
AND
FILED

15 APR 17 PM 4:05

Name and Title: _____

Name and Title: _____

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: Olaolu Odewole

Address: 2131 Madeira Drive, Weston, FL, 33327

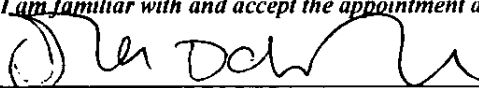
ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Olaolu Odewole

Address: 2131 Madeira Drive, Weston, FL, 33327

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

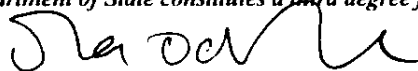


Required Signature/Registered Agent

4/15/2015

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

4/15/2015

Date