

P15000040418

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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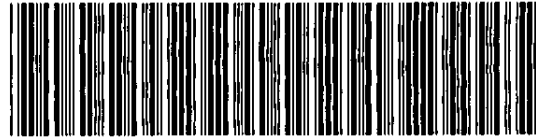
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATE
SUFFICIENCY OF FILING

15 MAY -6 PM 1:49

RECEIVED
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

15 MAY -6 PM 1:50

COVER LETTER

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

SUBJECT: The Heart of Hurricane, Inc.

(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)

Enclosed is an original and one (1) copy of the Articles of Incorporation and a check for:

 \$70.00

Filing Fee

 X \$78.75

Filing Fee &

Certificate of Status

 \$78.75

Filing Fee &

& Certified Copy

 \$87.50

Filing Fee,

Certified Copy

& Certificate

ADDITIONAL COPY REQUIRED

FROM: Pauline Holmes

Name (Printed or Typed)

6442 Lemonwood Court

Address

Orlando, FL 32818

City, State & Zip

727-641-1440

Daytime Telephone Number

moneygreen1045@gmail.com

Email 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: The Heart of Hurricane, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

Mailing address, if different is:

6442 Lemonwood Court

Orlando, Florida 32818

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: The purpose of this organization is sale wholesale and resale clothing, jewelry, handbags, etc.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Pauline Holmes/President/Treasurer

Address: 6442 Lemonwood Ct.

Orlando, FL 32818

Name and Title: Ja'Miracle Holmes/Secretary/Director

Address: 6442 Lemonwood Ct.

Orlando, FL 32818

Name and Title: Rudy T. Owens/Director

Address: 6442 Lemonwood Ct.

Orlando, FL 32818

Name and Title: Pauline Jackson/Director

Address: 6111 Lost Tree Ct.

Orlando, FL 32818

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

15 MAY - PM 1:59
STATE OF FLORIDA
TALLAHASSEE

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: Pauline Jackson

Address: 6111 Lost Tree Court

Orlando, FL 32818

ARTICLE VII INCORPORATOR

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

Name: Pauline Holmes

Address: 6442 Lemonwood Court

Orlando, FL 32818

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

Pauline Jackson
Required Signature of Registered Agent

5/6/15
Date

I submit this document and affirm that the facts stated herein are true. I am aware that any 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.

Pauline Holmes
Required Signature of Incorporator

5/6/2015
Date