

P15000057857

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

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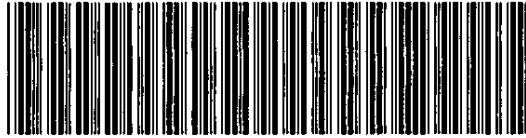
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2015 JUL -7 PM 12:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JUL 13 2015

T. BROWN

COVER LETTER

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

SUBJECT: hiddin inc
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Lower case H

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: James O'Brien
Name (Printed or typed)

3201 S. Dale Mabry Suite 103
Address

Tampa, FL 33629
City, State & Zip

(813) 842 - 4825
Daytime Telephone number

jim @ doctorisale.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)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be: hiddin, inc.

ARTICLE II PRINCIPAL OFFICE

← Lower case H

Principal street address

3201 S. Dale Mabry Suite 103

Mailing address, if different

Tampa, FL. 33629

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To conduct all manner of for

profit business activities Law full within Florida for a for
profit based Florida

ARTICLE IV SHARES

The number of shares of stock is: 1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: JAMES W. O'Brien President

Name and Title: MATTHEW J. O'Brien V.P. Sales

Address 3201 S. Dale Mabry Suite 103
Tampa, FL. 33629

Address: 3201 S. Dale Mabry Suite 103
Tampa, FL. 33629

Name and Title: Gisele R. Riscile Secretary

Name and Title: JAIME G. O'Brien Treasurer

Address 3201 S. Dale Mabry Suite 103
Tampa, FL. 33629

Address: 3201 S. Dale Mabry Suite 103
Tampa, FL. 33629

Name and Title: Patrick T. O'Brien Dir ED

Name and Title: _____

Address 3201 S. Dale Mabry Suite 103
Tampa, FL. 33629

Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: James O'Brien

Address: 3201 S. Dale Mabry Suite 103
Tampa, FL 33629

ARTICLE VII INCORPORATOR

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

Name: James O'Brien

Address: 3201 S. Dale Mabry Suite 103
Tampa, FL 33629

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

James W. O'Brien
Required Signature/Registered Agent

7/1/2015
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.

James W. O'Brien
Required Signature/Incorporator

7/1/2015
Date