P15000058935

(Requestor's Name)				
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(Cil	ty/State/Zip/Phone	e #)		
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(Bu	siness Entity Nan	ne)		
(Document Number)				
Certified Copies	_ Certificates	of Status		
Special Instructions to Filing Officer:				
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SECRETARY OF STATE SECRETARY OF STATE AREA (OF AN AGEEE. FLORIDA)
TALLAHASSEE, FLORIDA

7-16-15 4

COVER LETTER

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

SUBJECT: HANNA	AH CLOEPFIL, INC.		
SUBJECT.	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	inal and one (1) copy of the art	ticles of incorporation an	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:	EVEN COOPER SJ COOPER & A Name I SANTA BARBARA BLVD # 36	e (Printed or typed)	
		Address	·
NAI	PLES, FL 34104		
	City,	State & Zip	
239-	398-3637		
	Daytime T	elephone number	
STE	VEN@SJCFINANCE.COM		
	E-mail address: (to be use	d for future annual report r	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)

RTICLE II PRING	<u>CIPAL OFFICE</u>	•		
001 SANTA BARBA	Principal street address	M _3269 STU	lailing address, if different is: RGEON BAY COURT	
APLES, FL 34104			FL 34120	
RTICLE III PURP te purpose for which	OSE the corporation is organized is:	SSIONAL FREELAN	NCE CONTRACTING COMPAN	7. —
	1			
			ज़ं	TALLAHA
RTICLE IV SHAR			AH IU: 23	3
e number of shares of	stock is:			
RTICLE V INITIA	AL OFFICERS AND/OR DIRECTORS HANNAH CLOEDELL DRESIDENT			
	AL OFFICERS AND/OR DIRECTORS HANNAH CLOEDELL DRESIDENT		·	
RTICLE V INITIA Name and Titl	Stock is: AL OFFICERS AND/OR DIRECTORS HANNAH CLOEPFIL, PRESIDENT C:	Name and Title:_		
RTICLE V INITIA Name and Titl	Stock is: AL OFFICERS AND/OR DIRECTORS HANNAH CLOEPFIL, PRESIDENT 1131 DEAN STREET APT. 4	Name and Title:_		
RTICLE V INITIA Name and Titl	Stock is: AL OFFICERS AND/OR DIRECTORS HANNAH CLOEPFIL, PRESIDENT 1131 DEAN STREET APT. 4 BROOKLYN, N.Y. 11216	Name and Title:_		
Name and Titl Address	Stock is: AL OFFICERS AND/OR DIRECTORS HANNAH CLOEPFIL, PRESIDENT 1131 DEAN STREET APT. 4 BROOKLYN, N.Y. 11216	Name and Title: Address: Name and Title:_		
Name and Titl Address Name and Title	Stock is: AL OFFICERS AND/OR DIRECTORS HANNAH CLOEPFIL, PRESIDENT 1131 DEAN STREET APT. 4 BROOKLYN, N.Y. 11216	Name and Title: Address: Name and Title:_		
Name and Titl Address Name and Title Address	Stock is: AL OFFICERS AND/OR DIRECTORS HANNAH CLOEPFIL, PRESIDENT 1131 DEAN STREET APT. 4 BROOKLYN, N.Y. 11216	Name and Title: Address: Name and Title: Address:		
Name and Titl Address Name and Title Address	Stock is: AL OFFICERS AND/OR DIRECTORS HANNAH CLOEPFIL, PRESIDENT 1131 DEAN STREET APT. 4 BROOKLYN, N.Y. 11216	Name and Title: Address: Name and Title: Address: Name and Title: Address:		

Name a	nd Title:	Name and Title:
Addres		Address:
	REGISTERED AGENT	
The <u>name and I</u>	Florida street address (P.O. Box NOT acceptable) o	f the registered agent is:
Name:	STEVEN COOPER	
Address:	4001 SANTA BARBARA BLVD # 366	-
	NAPLES, FL 34104	_
ARTICLE VII	INCORPORATOR	
Th		
i ne <u>name and a</u>	address of the Incorporator is:	
Name:	STEVEN COOPER	-
Address:	4001 SANTA BARBARA BLVD # 366	
	NAPLES, FL 34104	- -
ARTICI F VIII	EFFEÇTIVE DATE:	
Effective date, is	f other than the date of filing:	(OPTIONAL)
(If an effective	date is listed, the date must be specific and canno	t be more than five business days prior or 90 business
days after the f	iling.)	
		statutory filing requirements, this date will not be listed as
the document's	effective date on the Department of State's records.	
	med as registered agent to accept service of proces: am familiar with and accept the appointment as re	for the above stated corporation at the place designated in
<u>=</u>	and accept the appointment as rej	
Du	veekeer.	06/5/2015
	Required Signature/Registered Agent	Date
I submit this do	cument and affirm that the facts stated herein are Department of State constitutes a third degree felon	true. I am aware that the false information submitted in a y as provided for in s.817.155, F.S.
$=$ \mathcal{L}	()000 1011	06/05/2015
Regu	ired Signature/Incorporator	06/03/2013 Date
поци	mes organism mopriporation	Date



FLORIDA DEPARTMENT OF STATE Division of Corporations

June 16, 2015

STEVEN COOPER & ASSOCIATES 4001 SANTA BARBARA BLVD #366 NAPLES, FL 34104

SUBJECT: HANNAH CLOEPFIL INC

Ref. Number: W15000041805

15 JUL 15 AM 10: 29

We have received your document for HANNAH CLOEPFIL INC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

NO CHECK WAS ENCLOSED.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Christine Haney Regulatory Specialist II New Filing Section

Letter Number: 015A00012630

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