

P150000061251

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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Certificates of Status ☒

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DIVISION OF CORPORATE
STATE

JUL 23 2015
I ALBRITTON

COVER LETTER

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

SUBJECT: Scott W. Hubbard, PA
(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: Scott W. Hubbard
Name (Printed or typed)

2586 Acosta Ct
Address

The Villages, FL 32162
City, State & Zip

352-391-3688
Daytime Telephone number

shubbard@era9rizzard.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: Scott W. Hubbard, PA

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

2586 Acosta Ct
The Villages, FL 32162

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

real estate sales

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CLERK OF COURT
STATE OF FLORIDA
JUL 17 2015

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Scott W. Hubbard Name and Title: _____
President

Address: 2586 Acosta Ct Address: _____
The Villages, FL 32162

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ 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: SCOTT W Hubbard

Address: 2586 Acosta Ct
The Villages, FL 32162

ARTICLE VII INCORPORATOR

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

Name: SCOTT W. Hubbard

Address: 2586 Acosta Ct
The Villages, FL 32162


ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: Aug 1, 2015 (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


Required Signature/Registered Agent

7/13/15
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

7/13/15
Date