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Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850) 617-6381

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 205-8842
Fax Number : (850) 878-5368

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

RECEIVED
15 SEP -1 AM 10:52
FLORIDA DEPARTMENT OF STATE

FLORIDA PROFIT/NON PROFIT CORPORATION
Hypercreative, Inc.

Certificate of Status	1
Certified Copy	0
Page Count	04
Estimated Charge	\$78.75

SEP 1 2015

S. GILBERT

Electronic Filing Menu

Corporate Filing Menu

Help

COVER LETTER

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

SUBJECT: HYPERCREATIVE, 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

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: _____
Name (Printed or typed)

Address

City, State & Zip

Daytime Telephone number

E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

FILED

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

15 SEP -1 PM 12: 08

ARTICLE I NAME
The name of the corporation shall be: HYPERCREATIVE, INC.

STATE OF FLORIDA
COUNTY OF HILLSBORO

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

430 GREEN DOLPHIN DRIVE

SOUTH PLACIDA, FL 33946

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: The transaction of any and all lawful business for which
corporations may be incorporated under Florida statutes.

ARTICLE IV SHARES 10,000
The number of shares of stock is: _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: PATRICK KEVIN SEAVITT

Name and Title: _____

Address PRESIDENT

Address: _____

430 GREEN DOLPHIN DRIVE

SOUTH PLACIDA, FL 33946

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: C T Corporation System
Address: 1200 South Pine Island Road
Plantation, FL 33324.

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: PATRICK KEVIN SEAVITT
Address: 430 GREEN DOLPHIN DRIVE
SOUTH PLACIDA, FL 33946

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

By: C T Corporation System James M. Halpin 8/31/2015
Assistant Secretary
Required Signature/Registered Agent 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.

Patrick Kevin Seavitt 8/31/2015
Required Signature/Incorporator Date