

P150000 82272

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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09/17/15--01012--017 **70.00

15 OCT -5 PM 12:03

11/15-63751

MD 10/6

COVER LETTER

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

SUBJECT: HUMPHREYS FREELANCE MEDIA **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

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: ROBERT HUMPHREYS

Name (Printed or typed)

412 S CUMBERLAND AVE

Address

OCOE, FL 34761

City, State & Zip

540 850-0759

Daytime Telephone number

RWHUMPHRE@GMAIL.COM

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

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 24, 2015

ROBERT HUMPHREYS
412 S.CUMBERLAND AVE.
OCOOEE, FL 34761

SUBJECT: HUMPHREYS FREELANCE MEDIA
Ref. Number: W15000063751

We have received your document for HUMPHREYS FREELANCE MEDIA and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

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.

Maryanne Dickey
Regulatory Specialist II
New Filing Section

Letter Number: 215A00020185

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: HUMPHREYS FREELANCE MEDIA INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

412 S CUMBERLAND AVE

OCOE, FL 34761

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

PROVIDE WRITING, EDITING, DESIGN, MANAGEMENT, MARKETING AND PUBLIC RELATIONS FOR CLIENTS

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: ROBERT W HUMPHREYS PRES.

Name and Title: _____

Address 412 S CUMBERLAND AVE

Address: _____

OCOE, FL 34761

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: ROBERT W HUMPHREYS
Address: 412 S CUMBERLAND AVE
OCOE, FL 34761

15 OCT -5 PM 12:03
CLERK OF SUPERIOR COURT
FLORIDA

ARTICLE VII INCORPORATOR

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

Name: ROBERT W HUMPHREYS
Address: 412 S CUMBERLAND AVE
OCOE, FL 34761

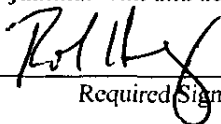
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: OCTOBER 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.)

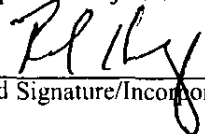
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

9/14/15
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

9/14/15
Date