

P15000098602

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PICK-UP WAIT MAIL

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FILED
15 DEC -7 PM 12:12
TALLAHASSEE, FLORIDA
REG. DIV. OF STATE

DEC 15, 2015
S. GILBERT



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 7, 2015

HANNAH GERONA
211 HIDDEN SPRINGS CIRCLE
KISSIMMEE, FL 34743

SUBJECT: HIDDEN OASIS CORP.
Ref. Number: W15000066755

RECEIVED
15 DEC -7 PM 2:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for HIDDEN OASIS CORP. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

You have indicated in your document the ownership and percentages of the authorized shares. Please note this information is not required nor is it maintained by the Department of State. While we cannot require such, it is recommended that it be removed from the document. The only information needed for this filing is the number of authorized shares.

You must list at least one incorporator with a complete business street address.

Section 607.0120(6)(b), or 617.0120(6)(b), Florida Statutes, requires that articles of incorporation be executed by an incorporator.

Please return 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.

Sylvia Gilbert
Regulatory Specialist II

Letter Number: 115A00021272

COVER LETTER

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

SUBJECT: HIDDEN OASIS CORP
(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: HANNAH GERONA
Name (Printed or typed)

211 HIDDEN SPRINGS CIRCLE
Address

KISSIMMEE, FL, 34743
City, State & Zip

407-235-0100
Daytime Telephone number

han.pyre@gmail.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: HIDDEN OASIS CORP.

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Mailing address, if different is:
KISSIMMEE, FLORIDA

ARTICLE II PRINCIPAL OFFICE

Principal street address

211 HIDDEN SPRINGS CIRCLE,
KISSIMMEE, FL, 34743

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: BUSINESS

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

PRESIDENT
Name and Title: HANNAH GERONA

Address: 211 HIDDEN SPRINGS CIR.
KISSIMMEE, FL 34743

VICE PRESIDENT:
Name and Title: ANGELO GERONA

Address: 211 HIDDEN SPRINGS CIR.
KISSIMMEE, FL, 34743

TREASURER
Name and Title: MELCHOR OCAMPO

Address: 211 HIDDEN SPRINGS CIR
KISSIMMEE, FL, 34743

Name and Title: _____

Address: _____

Name and Title: _____

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: HANNAH GERONA
Address: 211 HIDDEN SPRINGS CIRCLE
KISSIMMEE, FL, 34743

ARTICLE VII INCORPORATOR

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

Name: HANNAH GERONA
Address: 211 HIDDEN SPRINGS CIRCLE
KISSIMMEE, FL 34743

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: OCT. 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

H. Gerona

Required Signature/Registered Agent

10/1/15
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.

H. Gerona
Required Signature/Incorporator

12/1/15
Date