

P1500010/0/0

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

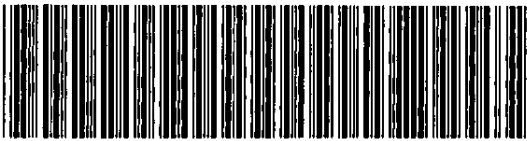
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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APPROVAL  
AND  
FILED  
15 DEC 14 PM 2:04  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1/11

## COVER LETTER

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

**SUBJECT:** T. Hill Consultant 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:** Accounting & Financial Strategies LLC

Name (Printed or typed)

2039 Soutel Dr.

Address

Jacksonville, FL 32208

City, State & Zip

904-768-1700

Daytime Telephone number

ljones@afslc.info

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)

APPROVED  
AND  
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15 DEC 14 PM 2:04

**ARTICLE I NAME**

The name of the corporation shall be: T.Hill Consultant Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
Mailing address, if different is:

5151 Moose Creek Ct.

Jacksonville, FL 32218

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Consulting and any related lawful business purpose which  
may become necessary or desirable for the furtherance of the corporate objectives.

**ARTICLE IV SHARES**

The number of shares of stock is: 100

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Anthony Hill- PTD

Address 5151 Moose Creek Ct.

Jacksonville , FL 32218

Name and Title: Patricia Hill-VP,S

Address: 5151 Moose Creek Ct.

Jacksonville, FL 32218

Name and Title: Patricia Hill- D

Address 5151 Moose Creek Ct.

Jacksonville, FL 32218

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

APPROVAL  
AND  
FILED

Name and Title: \_\_\_\_\_ Name and Title: 15 DEC 14 PM 2:04

Address: \_\_\_\_\_ Address: SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**ARTICLE VI REGISTERED AGENT**

The **name and Florida street address** (P.O. Box **NOT** acceptable) of the registered agent is:

Name: Anthony Hill  
Address: 5151 Moose Creek Ct.  
Jacksonville, FL 32218

**ARTICLE VII INCORPORATOR**

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

Name: Anthony Hill  
Address: 5151 Moose Creek Ct.  
Jacksonville, FL 32218

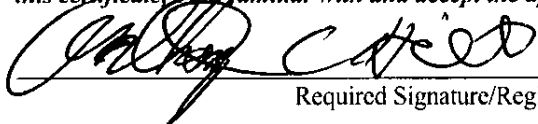
**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: 1/1/16 (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

12/1/15  
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.*

  
Required Signature/Incorporator

12/1/15  
Date