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(Requestor's Name)	
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PICK-UP WAIT MAIL	
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(Business Entity Name)	
(Document Number)	_
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Certified Copies Certificates of Status	_
Special Instructions to Filing Officer:	

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EFFECTIVE DATE <u>01/01/16</u>
12/30/15

COVER LETTER

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

Michael SUBJECT:	Hendershot P.A.			
SOBSECT.	(PROPOSED CORPORA	TE NAME - MUST INCL	UDE SUFFIX)	
Enclosed are an orig	ginal and one (1) copy of the art	icles of incorporation and	d a check for:	
■ \$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	& Certificate o Status	
F		ADDITIONAL COPY REQUIRED		
FROM:		e (Printed or typed)		
821 ——	0 LA SERENA DR	Address		
TA	MPA, FL 33614			
	•	, State & Zip		
813	-830-2036			
_		Telephone number		
mhe ——	endershot22@gmail.com			
	E-mail address: (to be use	d 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 II PRINC	Michael Hendershot P.A. tion shall be: CIPAL OFFICE Principal street address	Mailing address,	Mailing address, if different is:	
14502 N Dale Mabry,	Suite 200, Tampa, Florida 33618	8210 La Serena DR, Tar	npa, FL 33614	
ARTICLE III PURP The purpose for which	OSE the corporation is organized is:	ge in real estate sales and property mar	nagement	
			13 SS	
ARTICLE IV SHAR The number of shares of	ES one stock is:		S IN II: OF	
	4L OFFICERS AND/OR DIRECTORS			
Name and Title	e:	Name and Title: Address:		
	TAMPA, FL 33614			
Name and Title		Name and Title:		
Address		Address:		
	ş.·	Name and Title:		
Name and Title	· · · · · · · · · · · · · · · · · · ·			

Name a	and little:	Name and Title:	
Address		Address:	
		·	
		•	
ARTICLE VI	REGISTERED AGENT Florida street address (P.O. Box NOT acceptable	e) of the registered agent is:	
Name:	Michael Hendershot	o, or with registroned agents is:	
Address:	8210 LA SERENA DR		
	TAMPA, FL 33614		
ARTICLE VII	INCORPORATOR		SE CRI
The <u>name and</u>	address of the Incorporator is:		
Name:	Michael Hendershot		O PARY O
Address:	14502 N Dale Mabry, Suite 200		OF STATE
	Tampa, Florida 33618	<u> </u>	ATE
Effective date, (If an effective days after the Note: If the days	if other than the date of filing: date is listed, the date must be specific and cafiling.) the inserted in this block does not meet the applicate effective date on the Department of State's recommendate.	able statutory filing requireme	iness days prior or 90 business
Having been n this certificate,	amed as registered agent to accept service of pro I am familiar with and accept the appointment a	cess for the above stated corps registered agent and agree t	poration at the place designated in to act in this capacity
<u></u> .	2/1/1		12/09/2015
	Required Signature/Registered Agent		Date
	ocument and affirm that the facts stated herein e Department of State constitutes a third degree f		
	-11A		12/09/2015
Req	uired Signature/Incorporator		Date