

PI6000001786

(Requestor's Name)

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☐ PICK-UP

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(Business Entity Name)

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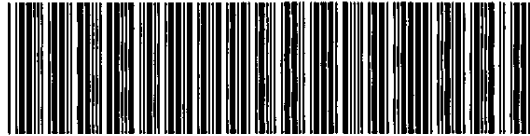
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

1/8/16 per conversation
w/ Mr. Hinckley to correct
art IV & VII
-LSP

PR:

Office Use Only



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12/14/15--01045--016 **78.75

12-8-2015

FILED

15 DEC 14 PM 4:05

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DEC 14 2015

S. PRATHER

COVER LETTER

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

SUBJECT: Hinckley Electric, 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: Jason Hinckley

Name (Printed or typed)

924 North Magnolia Ave. Suite336

Address

Orlando, FL. 32803

City, State & Zip

407-600-8611

Daytime Telephone number

jasonhinckley55@yahoo.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: Hinckley Electric, Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address
924 North Magnolia Ave.

Suite 336

Orlando, FL. 32803

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Electrical Services

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TALLAHASSEE, FLORIDA

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Jason Hinckely - Owner

Name and Title: _____

Address 924 North Magnolia Ave.

Address: _____

Suite 336

Orlando, FL. 32803

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: Darren Taggart

Address: 1025 Manchester Cir

Winter Park Fl, 32792

ARTICLE VII - INCORPORATOR

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

Name: Darren Taggart

Address: 924 North Magnolia Ave. Suite 336

Orlando, FL. 32803

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

Required Signature/Registered Agent

12/7/2015

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

12/7/2015

Date

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TALLAHASSEE, FLORIDA