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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

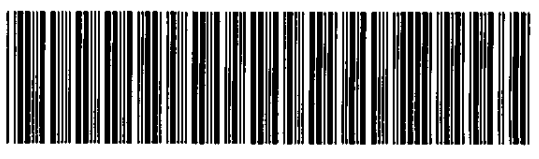
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA
STATE OF FLORIDA

W/16-1782

MD 1/25

COVER LETTER

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

SUBJECT: [REDACTED] HUDSON BROTHERS 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: MICHAEL HUDSON
Name (Printed or typed)

250 SW 9th St. UNIT #1
Address

FORT LAUDERDALE, FL 33315
City, State & Zip

(770) 231 - 2088
Daytime Telephone number

HUDSON511@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

January 12, 2016

MICHAEL HUDSON
250 S.W.9TH ST., UNIT #1
FORT LAUDERDALE, FL 33315

SUBJECT: HUDSON BROTHERS CORP.
Ref. Number: W16000001782

We have received your document for HUDSON BROTHERS CORP. 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 title(s) in the officer/director field(s) is/are not acceptable. Please refer to the following link for acceptable officer/director title information.
<http://www.sunbiz.org/titledef.html>.

The person designated as registered agent in the document and the person signing as registered agent must be the same.

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: 016A00000728

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: [REDACTED] HUDSON BROTHERS CORP.

ARTICLE II PRINCIPAL OFFICE

Principal street address: 250 SW 9th St UNIT #1
FORT LAUDERDALE, FL 33315

Mailing address, if different is:

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TREASURY
FLORIDA

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: SERVE OUR SOUTHERN CUSTOMERS TO EVERYONE WE MEET.

ARTICLE IV SHARES

The number of shares of stock is: 20,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: MICHAEL HUDSON / [REDACTED] P
Address: 250 SW 9th St UNIT #1
FORT LAUDERDALE, FL 33315

Name and Title: MATTHEW HUDSON / [REDACTED] V
Address: 100 SW 9th St Apt 205
FORT LAUDERDALE, FL 33315

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: CHRISTOPHER B. HUDSON
Address: 1501 SW 4TH AVE
FT LAUDERDALE FL 33315

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DEPARTMENT OF STATE
TALLAHASSEE FLORIDA

ARTICLE VII INCORPORATOR

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

Name: MATTHEW P HUDSON
Address: 100 SW 9th St Apt 205
FORT LAUDERDALE, FL 33315

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

Christopher B Hudson
Required Signature/Registered Agent

12/26/15
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.

Matthew P Hudson
Required Signature/Incorporator

12/26/15
Date