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Florida Department of State  
Division of Corporations  
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Fax Number : (850) 617-6381

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Account Number : FCA000000023  
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**FLORIDA PROFIT/NON PROFIT CORPORATION**  
**Heritage Buyers, Inc.**

Certificate of Status	0
Certified Copy	1
Page Count	01
Estimated Charge	\$78.75

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Corporate Filing Menu

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## COVER LETTER

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

**SUBJECT:** Heritage Buyers, 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

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input checked="" type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
<b>ADDITIONAL COPY REQUIRED</b>	

**FROM:** Mike Haynes  
Name (Printed or typed)

3500 Maple Ave., 17th Floor  
Address

Dallas, TX 75219  
City, State & Zip

214-409-1795  
Daytime Telephone number

MikeH@HA.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: Heritage Buyers, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

250 Royal Palm Way, Suite 307

3500 Maple Ave., 17th Floor

Palm Beach, FL 33480

Dallas, TX 75219

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: To buy jewelry and other products from the public in local offices.

**ARTICLE IV SHARES**

The number of shares of stock is: 1,000

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

Name and Title: Mike Haynes, President

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

Address 3500 Maple Ave., 17th Floor

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

Dallas, TX 75219

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: CT CORPORATION SYSTEM  
Address: 1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Mike Haynes  
Address: 3500 Maple Ave., 17th Floor  
Dallas, TX 75219

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: August 30, 2016 (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*

Nicole Chajonond  
Required Signature/Registered Agent

08/30/2016  
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.*

Mike Haynes  
Required Signature/Incorporator

08/30/2016  
Date

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