

P16000080483

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

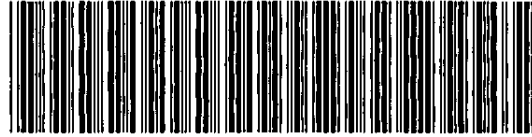
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OCT 04 2016



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2016 OCT -3 AM 8:06
SECRETARY OF STATE
TALLAHASSEE FLORIDA

COVER LETTER

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

SUBJECT: Hoven Referral Associates
(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: Scott Schuetz
Name (Printed or typed)

927 E New Haven Ave Ste 316
Address

Melbourne, FL 32935
City, State & Zip

321-474-5776

Daytime Telephone number

mgray
~~2008~~@hovenrealestate.com
E-mail address: (to be used for future annual report notification)

mgray@hovenrealestate.com

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: Hoven Referral Associates INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

927 E New Haven Ave Ste 316
Melbourne, FL 32901

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Assist others in buying and selling real estate

ARTICLE IV SHARES

The number of shares of stock is: 100

2018 OCT -3 AM 8:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Scott Schnetz Title President

Address: 705 Puesta del Sol Plaza Address: _____

705 Puesta del Sol Plaza
Indialantic, FL 32903

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: Scott Schuetz

Address: 705 Puerta del Sol Plaza
Indialantic, FL 32903

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2016 OCT -3 AM 8:06

ARTICLE VII INCORPORATOR

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

Name: Michael Gray

Address: 771 W. Whitmire Dr
Melbourne, FL 32935

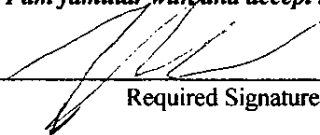
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 9/29/16 (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

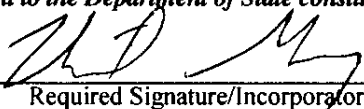


Required Signature/Registered Agent

9/29/16

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

9/29/16

Date