

PI6000084588

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



800253859098

11/21/13--01007--004 \*\*87.50

FILED  
2016 OCT 19 AM 9:32  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

V HERRING  
OCT 20 2016

## COVER LETTER

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

Sullivan Haave Associates, Inc.

**SUBJECT:** \_\_\_\_\_  
(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: Carol A. Haave  
\_\_\_\_\_  
Name (Printed or typed)  
2436 N. Heritage Oaks Path, #119  
\_\_\_\_\_  
Address  
Hernando, FL 34442  
\_\_\_\_\_  
City, State & Zip  
703-628-6649  
\_\_\_\_\_  
Daytime Telephone number  
carol@sullivanhaave.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)

FILED  
2016 OCT 19 AM 9:32

**ARTICLE I NAME**

The name of the corporation shall be: Sullivan Haave Associates, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

2436 N Heritage Oaks Path, #119

Hernando, FL 34442

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: any and all legal business, primarily consulting and training

**ARTICLE IV SHARES**

The number of shares of stock is: 1000

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

Name and Title: Carol A Haave

Name and Title: Terry H Sullivan

Address: 2436 N Heritage Oaks Path, #119  
Hernando, FL 34442

Address: 2436 N Heritage Oaks Path, #119  
Hernando, FL 34442

Name and Title:

Name and Title:

Address:

Address:

Name and Title:

Name and Title:

Address:

Address:

FILED

2016 OCT 19 AM 9:32

DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA  
19

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: Carol A Haave  
Address: 2436 N Heritage Oaks Path, #119  
Hernando, FL 34442

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Carol A Haave  
Address: 2436 N Heritage Oaks Path, #119  
Hernando, FL 34442

**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.)

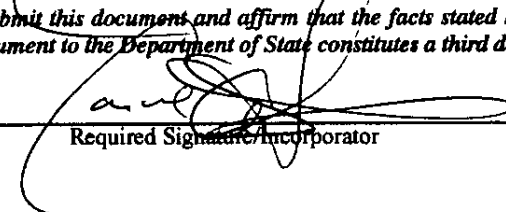
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*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

10/6/16  
\_\_\_\_\_  
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

10/6/16  
\_\_\_\_\_  
Date