

P/6000092891

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

☐

MAIL

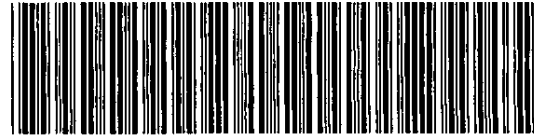
(Business Entity Name)

(Document Number)

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

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16 NOV 14 PM 5:29

SEP 10 2016  
FILING DATE

M. MOON  
NOV 14 2016



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 27, 2016

BRYAN K HOOPER  
8410 NW 32ND CT  
MIAMI, FL 33147

SUBJECT: HOMEWORK PROFESSIONALS  
Ref. Number: W16000073213

We have received your document for HOMEWORK PROFESSIONALS and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

Please return 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.

Matthew T Moon  
Regulatory Specialist II

Letter Number: 216A00023161

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## COVER LETTER

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

SUBJECT: Homework Professionals Company  
(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:

Bryan K. Hooper

Name (Printed or typed)

8410 N.W. 32<sup>ND</sup> CT.

Address

Miami FL 33147

City, State & Zip

(305) 693-1566

Daytime Telephone number

homeworkprofessionals@yahoo.com

E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

SEP 14 2004  
10:14 PM  
STATE  
TALLAHASSEE, FL 32314

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: Homework Professionals Company

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

8410 N.W. 32<sup>ND</sup> CT

Miami, FL. 33147

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Any and all lawful business

ARTICLE IV SHARES

The number of shares of stock is: 01

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

President/CEO

Name and Title: Bryan K. Hooper

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

Address

8410 N.W. 32<sup>ND</sup> CT

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

Miami, FL.

33147

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

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

Address

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

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

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

Address

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

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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: Bryan K. Hooper  
Address: 8410 N.W. 32<sup>ND</sup> CT  
Miami, FL. 33147

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Bryan K. Hooper President/CEO  
Address: 8410 N.W. 32<sup>ND</sup> CT  
Miami, FL. 33147

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**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: 10-18-2016 (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*

[Signature]  
Required Signature/Registered Agent

10-22-2016  
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.*

[Signature]  
Required Signature/Incorporator

10-22-2016  
Date