

P17000033369

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

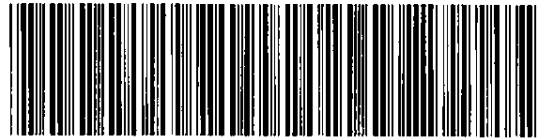
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



000297680250

04/10/17--01018--001 \*\*70.00

17 APR 10 PM 12:15  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

4/12/17

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

**(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)**

|                                             |                                       |
|---------------------------------------------|---------------------------------------|
| <input checked="" type="checkbox"/> \$70.00 | <input type="checkbox"/> \$78.75      |
| Filing Fee                                  | Filing Fee<br>& Certificate of Status |

ADDITIONAL COPY REQUIRED

Name (Printed or typed) \_\_\_\_\_

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Address

City, State &amp; Zip

Daytime Telephone number

**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 Cheryl Henszey Inc

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

4406 WINNERS GAIT CIRCLE

PACE FL 32571

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is

to engage in any business or activity not prohibited by law.

**ARTICLE IV SHARES**

The number of shares of stock is: One

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

Name and Title: CHERYL HENSZEY Name and Title: President

Address: 4406 WINNERS GAIT CIRCLE  
PACE FL 32571

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

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

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

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

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

17 APR 10 PM 2:15  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

|                       |                       |
|-----------------------|-----------------------|
| 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: CHERYL HENSZEY  
 Address: 4406 WINNERS GAIT CIRCLE  
PACE FL 32571

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: CHERYL HENSZEY  
 Address: 4406 WINNERS GAIT CIRCLE  
PACE FL 32571

77 APR 10 PM 2:16  
 SECRETARY OF STATE  
 TALLAHASSEE FLORIDA

*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*

|                                                              |                         |
|--------------------------------------------------------------|-------------------------|
| <u>Cheryl Henszey</u><br>Required Signature Registered Agent | <u>4/5/2017</u><br>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.*

|                                                          |                         |
|----------------------------------------------------------|-------------------------|
| <u>Cheryl Henszey</u><br>Required Signature Incorporator | <u>4/5/2017</u><br>Date |
|----------------------------------------------------------|-------------------------|