

P170000049879

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

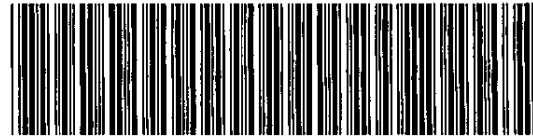
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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CLERK OF COURT
TALLAHASSEE, FLORIDA

06/08/17

COVER LETTER

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

SUBJECT: HART ROYALTIES, 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

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status
ADDITIONAL COPY REQUIRED

FROM: Lita Hart

Name (Printed or typed)

301 S. Roscoe Blvd.

Address

Ponte Vedra, Florida 32082

City, State & Zip

904-501-0511

Daytime Telephone number

lhart77@gmail.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: HART ROYALTIES, INC.

ARTICLE II PRINCIPAL OFFICE

Principal <u>street</u> address	Mailing address, if different is:
<u>301 S. Roscoe Blvd.</u>	<u></u>
<u>Ponte Vedra, Florida 32082</u>	<u></u>
<u></u>	<u></u>
<u></u>	<u></u>

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To carry out any and all lawful business.

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DELAWARE COUNTY FLORIDA

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	<u>Paul Hart, President</u>	Name and Title:	<u>Paul Hart, Vice President</u>
Address	<u>301 S. Roscoe Blvd.</u>	Address:	<u>301 S. Roscoe Blvd.</u>
	<u>Ponte Vedra, Florida 32082</u>		<u>Ponte Vedra, Florida 32082</u>
	<u></u>		<u></u>
	<u></u>		<u></u>
Name and Title:	<u>Lita Hart, Secretary</u>	Name and Title:	<u>Lita Hart, Treasurer</u>
Address	<u>301 S. Roscoe Blvd.</u>	Address:	<u>301 S. Roscoe Blvd.</u>
	<u>Ponte Vedra, Florida 32082</u>		<u>Ponte Veddra, Florida 32082</u>
	<u></u>		<u></u>
	<u></u>		<u></u>
Name and Title:	<u></u>	Name and Title:	<u></u>
Address	<u></u>	Address:	<u></u>
	<u></u>		<u></u>
	<u></u>		<u></u>

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: Lita Hart

Address: 301 S. Roscoe Blvd.

Ponte Vedra, Florida 32082

ARTICLE VII INCORPORATOR

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

Name: Paul Hart

Address: 301 S. Roscoe Blvd.

Ponte Vedra, Florida 32082

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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 days prior or 90 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

Lita Hart

Required Signature/Registered Agent

5/25/17
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.

Paul Hart

Required Signature/Incorporator

5/25/17
Date