

P17000088150

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

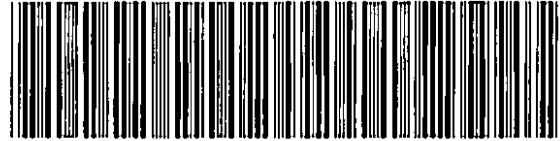
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



600305238356

11/02/17--01012--004 \*\*78.75

FILED

2017 OCT -2 PM 1:15 PM

2017 OCT -2 PM 1:40

## COVER LETTER

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

SUBJECT: Hines Printing 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  
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: Wiley Hines  
Name (Printed or typed)

7225 Stalder Blvd Dr.  
Address

Tallahassee, FL 32310  
City, State & Zip

904-725-0206  
Daytime Telephone number

HinesPrinting@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: Hines Painting Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

7225 Stable Run Dr.

Tallahassee, FL 32310

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Painting

ARTICLE IV SHARES

The number of shares of stock is: 1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Uley Hines Mgr Name and Title: \_\_\_\_\_

Address: 7225 Stable Run Dr. Address: \_\_\_\_\_

Talla, FL 32310

Name and Title: ~~Uley Hines Mgr~~ Name and Title: \_\_\_\_\_

Address: ~~7225 Stable Run Dr.~~ Address: \_\_\_\_\_

~~Talla, FL 32310~~

Name and Title: ~~Uley Hines Mgr~~ Name and Title: \_\_\_\_\_

Address: ~~7225 Stable Run Dr.~~ Address: \_\_\_\_\_

~~Talla, FL 32310~~

2017 NOV - 2 24 1:54

Name and Title: Wiley Hines Mgr Name and Title: \_\_\_\_\_  
Address: 7225 Stable Run Dr. Address: \_\_\_\_\_  
Tallah, FL 32310 \_\_\_\_\_  
\_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Wiley Hines  
Address: 7225 Stable Run Dr.  
Tallah, FL 32310

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Wiley Hines  
Address: 7225 Stable Run Dr.  
Tallah, FL 32310

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: 11/2/2017 (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*

Wiley Hines  
Required Signature/Registered Agent

11/2/17  
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.*

Wiley Hines  
Required Signature/Incorporator

11/2/17  
Date