

P18000031040

(Requestor's Name)

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(City/State/Zip/Phone #)

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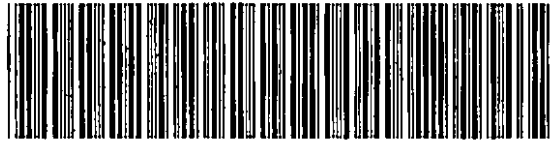
(Business Entity Name)

(Document Number)

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CLERK OF STATE
TALLAHASSEE, FLORIDA

K. PAGE
APR 05 2018

Terence N. Thurson

Full Service Accounting Firm

8672 Phillips Highway

Jacksonville, FL 32256

Tele: (904) 764-7717

Fax: (904) 652-0365

Email: tntr11@bellsouth.net

Web: thursonaccounting.com

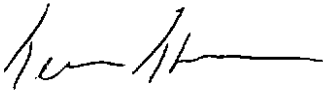
March 23, 2018

**RE: P16000089194
VEVYAN HANANIA INC
Attn: Christopher L. Hand
10415-2 Beach Blvd
Jacksonville, FL 32246**

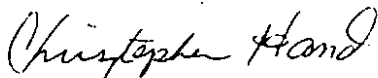
To Whom This May Concern,

The above referenced individual Mr. Christopher Hand is the owner of this corporation and has no plans on reinstating the old corporation. He would like to start a new corporation but with the same name.

Very Truly Yours,



Terence N Thurson



Christopher L Hand - President

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TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: VEVYAN HANANIA 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: CHRISTOPHER L HAND
Name (Printed or typed)

10415-2 BEACH BLVD
Address

JACKSONVILLE, FL 32246
City, State & Zip

904-359-6671
Daytime Telephone number

TNTRLT1@BELLSOUTH.NET
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

VEVYAN HANANIA INC
The name of the corporation shall be: _____

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

10415-2 BEACH BLVD

JACKSONVILLE, FL 32246

ARTICLE III PURPOSE

ANY AND ALL LAWFUL BUSINESS.
The purpose for which the corporation is organized is: _____

ARTICLE IV SHARES

500
The number of shares of stock is: _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: PRES - CHRISTOPHER L HAND

Name and Title: _____

Address 10415-2 BEACH BLVD

Address: _____

JACKSONVILLE, FL 32246

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

2010 APR -2 AM 11:25
CLERK OF STATE
TALLAHASSEE FLORIDA

411810

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: CHRISTOPHER L HAND

Address: 10415-2 BEACH BLVD

JACKSONVILLE, FL 32246

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: CHRISTOPHER L HAND

Address: 10415-2 BEACH BLVD

Jacksonville, FL 32246

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

Christopher Hand
Required Signature/Registered Agent

03/22/2018

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.

Christopher Hand
Required Signature/Incorporator

3/22/2018

Date

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STATE DEPT OF STATE
TALLAHASSEE, FLORIDA