

PI8000037389

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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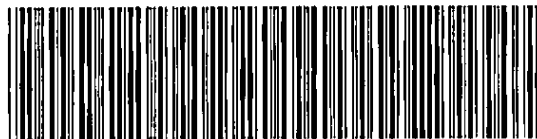
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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18 APR 25 PM 4:09 2010 APR 25 PM 4:24

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SECRETARY OF STATE
TALLAHASSEE, FL 32399

APR 25 2018

T SCHROEDER

COVER LETTER

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

SUBJECT: Hilt Man & Tys 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: Tyrene Dickey
Name (Printed or typed)

2526 Hammock Rd
Address

Tall FL 32308
City, State & Zip

(250) 227-6560
Daytime Telephone number

tyrene.dickey8@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: Witman n TYS inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

2520 Lonnbladh Rd

Tallahassee FL 32308

Mailing address, if different is:

Same

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

any and all lawful Business

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2016 APR 25 PM 4:25
CLERK OF STATE
TALLAHASSEE, FLORIDA

ARTICLE IV SHARES

The number of shares of stock is: none 1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Tyrone Dickey

me and Title: P

Address 2520 Lonnbladh Rd
Tallahassee FL 32308

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

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: _____

Tyrone Dickey

Address: _____

2520 Lannbldh Rd
Tallahassee FL 32307

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: _____

Tyrone Dickey

Address: _____

2520 Lannbldh Rd
Tallahassee FL 32307

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

Tyrone Dickey

Required Signature/Registered Agent

4/25/18

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.

Tyrone Dickey

Required Signature/Incorporator

4/25/18

Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA