

P18000044074

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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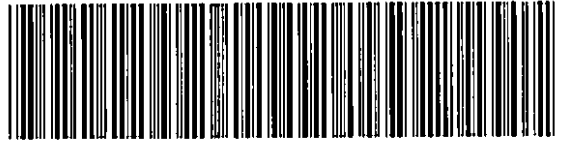
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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18 MAY 15 PM 3:04

SECRETARY OF STATE
TALLAHASSEE, FL 32319

2018 MAY 15 PM 3:13

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COVER LETTER

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

SUBJECT: HDS Products 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: Napoleon F. Hinson
Name (Printed or typed)

4521 Moore Circle # E
Address

Tallahassee Fl. 32304
City, State & Zip

850. 251-5315
Daytime Telephone number

Napoleon Hinson (A) yahoo.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:

HDS Products, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

4521 Moore Circle # E
Tallahassee FL 32304

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Cleaning Products

ARTICLE IV SHARES

The number of shares of stock is:

1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:

Napoleon R. Hinson

Name and Title:

PCEON

Address

4521 Moore Circle

Address:

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

0010 MAY 15 PM 3:14

FILED

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: _____

Napoleon F. Hinson

Address: _____

4521 Moore Circle #E
Tallah. Fl. 32304

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: _____

Napoleon F. Hinson

Address: _____

4521 Moore Circle #E
Tallah. Fl. 32304

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 5-15-18 (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

N. Hinson

Required Signature/Registered Agent

5-15-18

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.

N. Hinson

Required Signature/Incorporator

5-15-18

Date