

PI8000052939

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

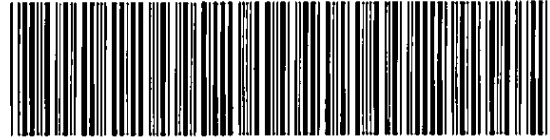
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



200314361552

200314361552  
06/15/18--01002--003 \*\*87.50

RECEIVED  
CLERK OF COURT  
18 JUN 14 PM 3:30

CLERK OF COURT  
JUL 18 2018

2018 JUN 14 PM 3:42

FILED

## COVER LETTER

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

**SUBJECT:** HCH2, 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:** Sharon E. Holmes

\_\_\_\_\_  
Name (Printed or typed)

P. O. Box

16068

\_\_\_\_\_  
Address

Tallahassee, FL 32317

\_\_\_\_\_  
City, State & Zip

(850)264-1165

\_\_\_\_\_  
Daytime Telephone number

sehlah@aol.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: HCH2, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

2505 Twain Dr.

P. O. Box

16068

Tallahassee, FL 32311

Tallahassee, FL 32317

**ARTICLE III PURPOSE**

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

**ARTICLE IV SHARES**

The number of shares of stock is: One Thousand (1,000)

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Sharon E. Holmes, Director

Name and Title: \_\_\_\_\_

Address

P. O. Box 16068

Address: \_\_\_\_\_

Tallahassee, FL 32317

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address

Address: \_\_\_\_\_

FILED  
2018 JUN 14 PM 3:48  
SECRETARY OF STATE  
TALLAHASSEE, FL 32399

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: Sharon E. Holmes  
Address: 2505 Twain Dr.  
Tallahassee, FL 32311

FILED  
2018 JUN 14 PM 3:40  
SECRETARY OF STATE  
TALLAHASSEE, FL 32309

**ARTICLE VII INCORPORATOR**

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

Name: Sharon E. Holmes  
Address: PO Box 16068  
Tallahassee, FL 32317-6068

**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*

\_\_\_\_\_  
Required Signature/Registered Agent  
06/14/2018  
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.*

\_\_\_\_\_  
Required Signature/Incorporator  
06/14/2018  
Date