

P18000054620

(Requestor's Name)

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☐ PICK-UP

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(Business Entity Name)

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Certified Copies _____ Certificates of Status _____

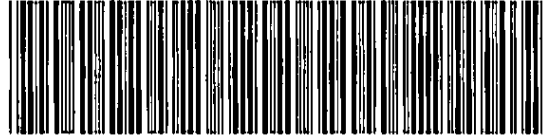
Special Instructions to Filing Officer:

Office Use Only

W1800050772

JUN 20 2018

T. SCOTT



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05/25/18--01022--005 **70.00

FILED
2018 JUN 13 AM 7:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 30, 2018

KARON E HICKS
716 PROVINCETOWN DR
NAPLES, FL 34104

SUBJECT: HICKS CONSULTING INC.
Ref. Number: W18000050772

We have received your document for HICKS CONSULTING INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The title(s) in the officer/director field(s) is/are not acceptable. Please refer to the following link for acceptable officer/director title information.
<http://dos.myflorida.com/sunbiz/search/guides/corporation-records/title-abbreviations/>

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Tyrone Scott
Regulatory Specialist II
New Filings Section

Letter Number: 418A00011156

*See Attached
resent 6/7/18*

COVER LETTER

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

SUBJECT: Hicks Consulting, 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:

KAROL E. HICKS

Name (Printed or typed)

716 Provincetown Dr.

Address

Naples, FL 34104

City, State & Zip

573-216-4543

Daytime Telephone number

KHicks425@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: Hicks Consulting, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

716 Provincetown Dr

NAPLES, FL 34104

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: provide consulting services

ARTICLE IV SHARES

The number of shares of stock is: 1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: KAREN E HICKS, President Name and Title: _____

Address: 716 Provincetown Dr Address: _____
NAPLES, FL, 34104

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: KARON E HICKS
Address: 716 PROVINCE TOWN DR
NAPOLES, FL 34104

ARTICLE VII INCORPORATOR

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

Name: KARON E HICKS
Address: 716 PROVINCE TOWN DR.
NAPOLES, FL 34104

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: MAY 30, 2018 (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

Karon E Hicks
Required Signature/Registered Agent

5/22/18
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.

Karon E Hicks
Required Signature/Incorporator

5/22/18
Date