

P18000076318

(Requestor's Name)

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(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 SEP 11 PM 1:24  
TALLAHASSEE, FLORIDA  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

FILED  
2018 SEP 11 PM 1:25  
TALLAHASSEE, FLORIDA  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

## COVER LETTER

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

SUBJECT: Hilltop Commercial - Florida 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: Rod Woodcock  
Name (Printed or typed)  
215 W College Ave #202  
Address  
Tallahassee FL 32301  
City, State & Zip  
678-536-8819  
Daytime Telephone number  
hilltopcommercial@gmail.com  
E-mail address: (to be used for future annual report notification)

**NOTE:** Please provide the original and one copy of the articles.

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

The name of the corporation shall be: Hilltop Commercial - Florida, Inc

215 W. College Ave #202

Tollchester Fl. 32301

The purpose for which the corporation is organized is: Holding Company

The number of shares of stock is:

Name and Title: Red Wolfpack Pres

Address 215 W. College Ave #202

T. U. Hassa Plc. 3238/

**Name and Title:**

Address

Name and Title:

Address

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

FILED  
2010 SEP 11 PM 1:25  
U.S. DISTRICT COURT  
SOUTHERN DISTRICT OF NEW YORK

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: Paul W. Wolfelt

Address: 215 W. College Ave #202

Tallahassee FL 32301

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Paul W. Wolfelt

Address: 215 W College Ave #202

Tallahassee Florida 32301

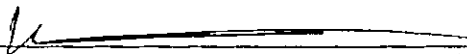
**ARTICLE VIII EFFECTIVE DATE:**

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

9/11/18  
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.*

  
Required Signature/Incorporator

9/11/18  
Date