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(R	equestor's Name)	-
(A	ddress)	
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(C	ity/State/Zip/Phone	: #)
PICK-UP	☐ WAIT	MAIL
(B	usiness Entity Nam	ne)
(D	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
_	Office Use Onl	

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FLORIDA DEPARTMENT OF STATE Division of Corporations

December 19, 2018

ERNEST HARDY 212 HARDEE LANE STE B ROCKLEDGE, FL 32955

SUBJECT: ST6 HYDRO CUTTING

Ref. Number: W18000108714

6- EECON

We have received your document for ST6 HYDRO CUTTING LLC and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

You have submitted the document and fees to form a Florida corporation; however, your name implies you wish to form a limited liability company. The name of a corporation cannot contain a limited liability company suffix. Limited Liability Company, L.L.C. and LLC are all limited liability company suffixes. The name of a corporation must contain Corporation, Corp., Incorporated, Inc., Company or Co.

Please correct the suffix or, if you wish to form a limited liability company, submit "Articles of Organization" along with the additional fee(s). Any fees previously submitted with your corporate filing will be applied to your limited liability company filing.

Please return 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.

Keyna E Page Regulatory Specialist II

www.sunbiz.org

Letter Number: 918A00025985

Copy

COVER LETTER

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

SUBJECT:	ST6 Hydro Cutting INC.		
SOBULCI.	(PROPOSED CORPORA	TÉ NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	inal and one (1) copy of the art	icles of incorporation an	d 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 CO	DPY REQUIRED
FROM:	Ernest	Hardy	
		e (Printed or typed) dee Lane Suite-B	
		Address	
	Rockledge	, Florida 32955	
	City,	State & Zip	·
	321-30	02-8665	
	•	elephone number	
<u></u>	brittanywi	thsbdi@gmail.com	natification\

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 IV SHARES The number of shares of stock is: Name and Title: ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS Name and Title: Address Name and Title: Name and Title:	ion shall be:		
ARTICLE IV SHARES The number of shares of stock is: Name and Title: Ernest Hardy President Address 2742 Padden Ct. Address Cocoa , Florida 32926	is:		
The number of shares of stock is: ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS Name and Title: Address Cocoa , Florida 32926 Address:			
The number of shares of stock is: ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS Name and Title: Address Cocoa , Florida 32926 The number of shares of stock is: ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS Name and Title: Address: Cocoa , Florida 32926			
Name and Title: Ernest Hardy President Name and Title: 2742 Padden Ct. Cocoa , Florida 32926 Address:			
Cocoa , Florida 32926			
Name and Title: Name and Title:			
Address Address:	HO ON THE STATE OF		
Name and Title: Name and Title:	 		
Address: Address:			

Name an	d Title:	Name and Title:
Address		Address:
	REGISTERED AGENT lorida street address (P.O. Box NOT acceptable) of	f the registered agent is:
Name:	Ernest Hardy	-
Address:	2742 Padden Ct.	-
	Cocoa, Fl. 32926	-
ARTICLE VII	<u>INCORPORATOR</u>	
The name and ac	Idress of the Incorporator is:	
Name:	Ernest Hardy	
	2742 Padden Ct.	
Address:	Cocoa, Fl. 32926	PH 2: 4
ARTICLE VIII	EFFECTIVE DATE:	
Effective date, if	other than the date of filing:	. (OPTIONAL) t be more than five days prior or 90 days after th
_	inserted in this block does not meet the applicable	statutory filing requirements, this date will not be lis
	ffective date on the Department of State's records.	,g requirements, and date with not be its
Having heen nan	med as registered agent to account service of processes	for the above stated corporation at the pluce design
	am familiar with and accept the appointment as reg	
		10-12-1
	Required Signature/Registered-Agent	Date
I submit this doc	ument and affirm that the facts stated herein are	true. I am aware that the false information submit
document to the l	Department of State constitutes a third degree felon	y as provided for in s.817.155, F.S.
نسنت		10-12-
Requi	red Signature/Incorporator	Date