

P190000066180

Hickelberry Lindwood

(Requestor's Name)

1603 Wekewa Nene

(Address)

(Address)

850-524-3745

TALLAHASSEE, FL 323093201

(City/State/Zip/Phone #)



PICK-UP



WAIT



MAIL

Hickelberry Lindwood Services, Inc.

(Business Entity Name)

(Document Number)

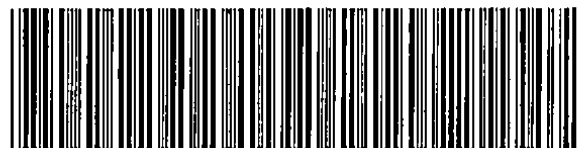
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ARTICLES OF INCORPORATION

The undersigned incorporators, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt the following Articles of Incorporation.

ARTICLE I

The name of the corporation shall be:

Huckleberry Lindamood Services, Inc.

ARTICLE II

The principal place of business and mailing address of this corporation shall be:

1603 Wekewa Nene
Tallahassee, FL 32301

ARTICLE III

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

1000 Shares

ARTICLE IV

The name and address of the initial registered agent is:

Huckleberry Lindamood
1603 Wekewa Nene
Tallahassee, FL 32301

ARTICLE V

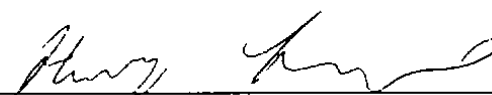
The name and street address of the incorporators to these Articles of Incorporation are:

President\Director
Huckleberry Lindamood
1603 Wekewa Nene
Tallahassee, FL 32301

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TALLAHASSEE, FLORIDA

The undersigned incorporators have executed these Articles of Incorporation this

23rd day of August 2019


Signature

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

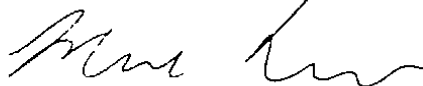
1. The name of the corporation is:

Huckleberry Lindamood Services, Inc.

2. The name and address of the registered agent and office is:

Huckleberry Lindamood
1603 Wekewa Nene
Tallahassee, FL 32301

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent



(Signature)

August 23, 2019

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TALLAHASSEE, FLORIDA

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DIVISION OF CORPORATIONS, P. O. BOX 6327, TALLAHASSEE, FL 32314