

P200000017194

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

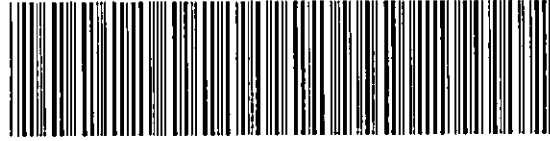
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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Office Use Only



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02/25/20--01001--021 **70.00

2020 FEB 25 PM 1:05
SECRETARY OF STATE
TALLAHASSEE, FL

FILED

N CULLIC

FEB 25 2020

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

HINDS FAMILY CORPORATION CO

____ Art of Inc. File _____
____ LTD Partnership File _____
____ Foreign Corp. File _____
____ L.C. File _____
____ Fictitious Name File _____
____ Trade/Service Mark _____
____ Merger File _____
____ Art. of Amend. File _____
____ RA Resignation _____
____ Dissolution / Withdrawal _____
____ Annual Report / Reinstatement _____
____ Cert. Copy _____
____ Photo Copy _____
____ Certificate of Good Standing _____
____ Certificate of Status _____
____ Certificate of Fictitious Name _____
____ Corp Record Search _____
____ Officer Search _____
____ Fictitious Search _____
____ Fictitious Owner Search _____
____ Vehicle Search _____
____ Driving Record _____
____ UCC 1 or 3 File _____
____ UCC 11 Search _____
____ UCC 11 Retrieval _____
____ Courier _____

Signature _____

Requested by: Seth _____

02/24/20

Name _____

Date _____

Time _____

Walk-In _____

Will Pick Up _____



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 25, 2020

CAPITAL CONNECTION, INC

SUBJECT: HINDS FAMILY CORPORATION CO
Ref. Number: W20000020062

We have received your document for HINDS FAMILY CORPORATION CO 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 document submitted does not meet legibility requirements for electronic filing. Please do not attempt to refax this document until the quality has been improved.

To dark for imaging.

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.

Neysa Culligan
Regulatory Specialist II

Letter Number: 020A00004137

020A00004137

COVER LETTER

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

SUBJECT: HINDS FAMILY CORPORATION CO
(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: Gregory Hinds
Name (Printed or typed)
30 N.E. 99 ST
Address
MIAMI SHORES, FL 33138-2339
City, State & Zip
305 857-5691
Daytime Telephone number
HINDSFAMILYCORPORATIONSCO@GMAIL.COM
E-mail address: (to be used for future annual report notification)

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

FILED

ARTICLES OF INCORPORATION

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

2020 FEB 25 PM 1:05

ARTICLE I NAME

The name of the corporation shall be: HINDS FAMILY CORPORATION CO

SECRETARY OF STATE
TALLAHASSEE, FL

ARTICLE II PRINCIPAL OFFICE

Principal street address

30 N.E. 99 ST
MIAMI SHORES, FL 33138

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To conduct any and all legal business; as it pertains to my core competencies.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Gregory Hinds C.E.O

Name and Title:

Address 30 N.E. 99 ST
MIAMI SHORES, FL 33138

Address:

Name and Title: Barbara McGregor-DIRECTOR

Name and Title:

Address 30 N.E. 99 ST
MIAMI SHORES, FL 33138

Address:

Name and Title: DWIGHT MALCOM-DIRECTOR

Name and Title:

Address 1801 NE 140 ST
NORTH MIAMI, FL 33181

Address:

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: _____

Gregory Hinds

Address: _____

30 NE 99 ST

MIAMI, FL 33138

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: _____

Gregory Hinds

Address: _____

30 NE 99 ST

MIAMI, FL 33138

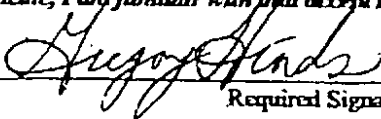
ARTICLE VIII EFFECTIVE DATE:

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

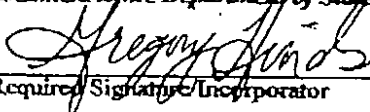


Required Signature/Registered Agent

2-24-2020

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

2-24-2020

Date

FILED

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SECRETARY OF STATE
TALLAHASSEE, FL