

will

P20 000034172

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

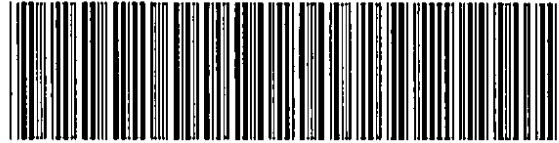
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700344025977

05/05/20--01005--000 **78.75

Filed
2020 MAY -5 AM 11:45
SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

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

SUBJECT: Hyperion Settlement Services, 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: Craig R. Terpening
Name (Printed or typed)

1011 Tivoli Drive
Address

Naples, FL 34104
City, State & Zip

239 384-9638
Daytime Telephone number

Craig.Terpening@hyperionTiHe.com
E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the article

SECRETARY OF STATE
TALLAHASSEE, FL

2020 MAY -5 AM 11:45

FILED

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: Hyperion Settlement Services, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

4100 Corporate Square, Ste. 151
Naples, FL 34104

Same

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Real Estate Settlements

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Craig R. Terpening, Pres. Name and Title: _____

Address: 1011 Tivoli Drive Address: _____
Naples, FL 34104

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

FILED
2020 MAY -5 AM 11:45
SECRETARY OF STATE
TALLAHASSEE, FL

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: Craig R. Terpening
Address: 1011 Tivoli Dr.
Naples, FL 34104

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Craig R. Terpening
Address: 1011 Tivoli Dr.
Naples, FL 34104

FILED
2020 MAY -5 AM 11:45
CLERK OF STATE
TALLAHASSEE, FL

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

Craig R. Terpening
Required Signature/Registered Agent

4/24/2020
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.

Craig R. Terpening
Required Signature/Incorporator

4/24/2020
Date