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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:
Division of Corporations
Fax Number : (850) 617-6381

From:
Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.
Account Number : 075350000353
Phone : (800) 221-2972
Fax Number : (917) 243-5843

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**FLORIDA LIMITED LIABILITY CO.
HUTCHINSON ISLAND PROPERTIES INC.**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

2021 JAN 19 PM 3:13

Derrick Thompson
1/20/21

Electronic Filing Menu

Corporate Filing Menu

Help

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: HUTCHINSON ISLAND PROPERTIES INC.

ARTICLE II PRINCIPAL OFFICEPrincipal street address1123 HERNANDO STREETFORT PIERCE FL 34949

Mailing address, if different is:

9 CURL DRIVECORONA DEL MAR, CA 92625**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: to engage in any lawful act or activity of property management
real estate functions.**ARTICLE IV SHARES**

100

The number of shares of stock is: _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORSName and Title: TIFFANY M. WOOD-PR

Name and Title: _____

Address

1123 HERNANDO STREET

Address: _____

FORT PIERCE FL 34949

Name and Title: _____

Name and Title: _____

Address

Address: _____

Name and Title: _____

Name and Title: _____

Address

Address: _____

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: TIFFANY M. WOOD
Address: 1123 HERNANDO STREET
FORT PIERCE FL 34949

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: TIFFANY M. WOOD
Address: 1123 HERNANDO STREET
FORT PIERCE FL 34949

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 business days prior or 90 business 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

Tiffany M. Wood
Required Signature/Registered Agent

1/15/21
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.

Tiffany M. Wood
Required Signature/Incorporator

1/15/21
Date