

P22000084707

(Requestor's Name)

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(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

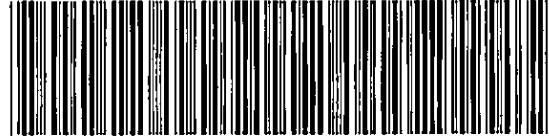
(Business Entity Name)

(Document Number)

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CLERK OF DISTRICT COURT
JANUARY 2018

FLORIDA CAPITAL COURIER SERVICES, INC
2330 CLARE DRIVE
TALLAHASSEE, FL 32309
(850) 524-5437
(850) 524-624

PLEASE USE FUNDS FROM THIS ACCOUNT: I20210000160 AMOUNT: \$78.75

AUTHORIZATION SIGNATURE: _____

Hinds Family Corporation, Inc.

BUSINESS (Name)

Document #

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___ Certified Copy of Articles of Correction (please stamp each page)

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___ LLLP

☒ **CORP**

AMMENDMENTS

___ Amendment

___ Resignation of R.A. Officer/Director

___ Change of Registered Agent

___ Dissolution/Withdrawal

___ Merger

___ Conversion

___ **AFFIDAVID BY FOREIGN CORP.**

OTHER FILINGS

___ Annual Report

___ Fictitious Name

REGISTRATION/QUALIFICATIONS

___ Foreign filing

___ Statement of Partnership

___ Reinstatement

___ Other

___ 4 APOSTIL(4) Brazil ___
Country

EXAMINER'S INITIALS: _____

2022 NOV -8 AM 11:51

FLORIDA CAPITAL COURIER SERVICES, INC
2330 CLARE DRIVE
TALLAHASSEE, FL 32309
(850) 524-5437
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Hinds Family Corporation Inc.

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___ Other

EXAMINER'S INITIALS: _____

COVER LETTER

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

SUBJECT: HINDS FAMILY CORPORATION 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: Gregory HINDS
Name (Printed or typed)

30 N.E. 99th STREET
Address

MIAMI SHORES, FL 33138
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.

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: Hinds Family Corporation Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address
30 NE 99th ST
MIAMI SHORES, FL 33138

Mailing address, if different is:
SAME AS STATED
FOR Principal office.

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;
SUCH AS BUT NOT LIMITED TO: REAL ESTATE, CONSTRUCTION,
AUTOMOTIVE, LOGISTICS, AND BUSINESS CONSULTING FOR
INDUSTRIES ACROSS A VARIETY/SPECTRUM OF SERVICES
(VIA) 1st, 2nd, and 3rd Party Contractor(s), Vendor(s), etc.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Gregory Hinds / E.E.O

Address: 30 NE 99th ST
Miami Shores, FL 33138

Name and Title: _____

Address: _____

Name and Title: Barbara McGregor / DIRECTOR

Address: 30 NE 99th ST
Miami Shores, FL 33138

Name and Title: _____

Address: _____

Name and Title: Dwight Malcolm / Director

Address: 1801 NE 140th ST
North Miami, FL 33181

Name and Title: _____

Address: _____

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CLERK OF DISTRICT COURT
MIAMI COUNTY, FLORIDA

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: Gregory HindsAddress: 30 NE 99th STREET
Miami Shores, FL 33138**ARTICLE VII INCORPORATOR**The name and address of the incorporator is:Name: Gregory HindsAddress: 30 NE 99th STREET
Miami Shores, FL 33138**ARTICLE VIII EFFECTIVE DATE:**Effective date, if other than the date of filing: 11/03/2022 (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*Gregory Hinds
Required Signature/Registered Agent11/07/2022
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.*Gregory Hinds
Required Signature/Incorporator11/07/2022
Date22 NOV - 8 PM 3:10
DIRECTOR'S OFFICE