(	Requestor's Name)		
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•	City/State/Zip/Phone #)		
PICK-UP	WAIT MAIL		
(	Business Enlity Name)		
(Document Number)			
Certified Copies	Certificates of Status		
	The Officer		
Special Instructions to I	-lling Officer:		
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· <del></del>			

Office Use Only



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## **COVER LETTER**

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

SUBJECT:	HURST PRODER	ty Solution	W Inc
<del></del>	(PROPOSED COMPORA	ÁTH NAME – <u>MÚST INCL</u> I	JDE SUFFIX)
Enclosed are an orig	ginal and one (1) copy of the art	ticles of incorporation and	l a check for:
□ \$70.00 Filing Fee	☐ S78.75 Filing Fee & Certificate of Status	□ \$78.75 Filing Fee & Certified Copy	S87.50 Filing Fee, Certified Copy & Certificate of Status
		ADDITIONAL CO	
	John Hurs Nam Ou Laurelwoo		
L.	Urwahitchka City	Florida 32 State & Zip	465
_	850 - 22 - Daytime	7-66 45 Telephone number	
<u>+</u>	E-mail address: (10 be use	a gmail.co	monification)

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)

Mailing address, if different is:
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A + I Title:
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TO Armites
d Title:
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d Title:
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Name and Title:	Name and Title:	
Address	Address:	
ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable	e) of the registered agent is:	
Name: John HARST	<u> </u>	
Address: 100 LAURELWOOD S	T	າກາາ
Wewahitchka fla	32465	<b>J</b> EC -
<u>ARTICLE VII INCORPORATOR</u>		
The name and address of the Incorporator is:	<del>.</del>	PH 2:
Name: John HURS T		2: 64
Address: 100 LAUREWOODS herwahtella fl	ST _	
her wahitelda fl	<u> </u>	
ARTICLE VIII EFFECTIVE DATE: Effective date, if other than the date of filing:  (If an effective date is listed, the date must be specific and eafiling.)	- ZZ (OPTIONAL) annot be more than five days prior or 90 days after	r the
Note: If the date inserted in this block does not meet the applic the document's effective date on the Department of State's reco		e listed as
Having been named as registered agent to accept service of proceedificate, I am familiar with and accept the appointment as reg	ess for the above stated corporation at the place design gistered agent and agree to act in this capacity	eated in this
Required Signature/Registered Agent		
I submit this document and affirm that the facts stated herein document to the Department of State constitutes a third degree f	t are true. I am aware that the false information subfelony as provided for in s.817.155, F.S.	
Required Signature Incorporator	Date 12	