

Florida Department of State
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From:
Account Name : HANKIN & HANKIN
Account Number : I20200000209
Phone : (941)957-0080
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Email Address: mhankin@sarasotalawfirm.com

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FLORIDA PROFIT/NON PROFIT CORPORATION
Hankin Title, Inc.

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COVER LETTER

(((H24000419838 3)))

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

SUBJECT: Hankin Title, 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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
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ADDITIONAL COPY REQUIRED

FROM: Michael T. Hankin, Esq.
Name (Printed or typed)

100 Wallace Avenue, Suite 100
Address

Sarasota, Florida 34237
City, State & Zip

(941) 957-0080
Daytime Telephone number

mhankin@sarasotalawfirm.com
E-mail address: (to be used for future annual report notification)

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

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ARTICLES OF INCORPORATION

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

ARTICLE I NAMEThe name of the corporation shall be: Hankin Title, Inc.**ARTICLE II PRINCIPAL OFFICE**Principal street address
100 Wallace Avenue, Suite 100
Sarasota, Florida 34237Mailing address, if different is:

ARTICLE III PURPOSEThe purpose for which the corporation is organized is: Any and all lawful business**ARTICLE IV SHARES**The number of shares of stock is: 10,000**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: Michael T. Hankin, PresidentName and Title: Lisa M. Darley, Vice PresidentAddress 100 Wallace Avenue, Suite 100
Sarasota, Florida 34237Address: 100 Wallace Avenue, Suite 100
Sarasota, Florida 34237Name and Title: Lisa M. Darley, SecretaryName and Title: Michael T. Hankin, TreasurerAddress 100 Wallace Avenue, Suite 100
Sarasota, Florida 34237Address: 100 Wallace Avenue, Suite 100
Sarasota, Florida 34237Name and Title: Name and Title: Address Address:

(((H24000419838 3)))

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Name and Title: _____ Name and Title: _____
Address: _____ Address: _____

ARTICLE VI REGISTERED AGENTThe **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:

Name: Michael T. Hankin, P.A.
Address: 100 Wallace Avenue, Suite 100
Sarasota, Florida 34237

ARTICLE VII INCORPORATORThe **name and address** of the Incorporator is:

Name: Michael T. Hankin
Address: 100 Wallace Avenue, Suite 100
Sarasota, Florida 34237

ARTICLE VIII EFFECTIVE DATE:Effective date, if other than the date of filing: January 1, 2025. (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 12/23/24
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 12/23/24
Date

(((H24000419838 3)))