

P04000060521

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

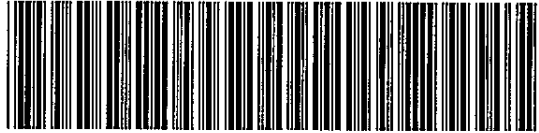
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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Office Use Only



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04/12/04--01023--015 \*\*175.00

RECEIVED  
04 APR 12 AM 8:25  
DIVISION OF CORPORATION

FILED  
04 APR 12 AM 8:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Js

TRANSMITTAL LETTER

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

SUBJECT: HOLTROP INCORPORATED  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed is 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:

M. HOLTROP  
Name (Printed or typed)

PO BOX 440235  
Address

JACKSONVILLE FL 32244  
City, State & Zip

904 759-0387  
Daytime Telephone number

04 APR 12 AM 8:33  
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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:

HOLTROP INCORPORATED

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/ mailing address is:

PO Box 440235  
JACKSONVILLE, FL 32244

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

PROFIT

**ARTICLE IV SHARES**

The number of shares of stock is:

100

**ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)**

The name(s), address(es) and title(s):

MARK HOLTROP, PRES  
1218 The Grove Rd  
Orange Park, FL 32073

04 APR 12 AM 8:39  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address of the registered agent is:

MICHAEL CASTEBERRY  
1218 THE GROVE RD  
ORANGE PARK, FL 32073

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

MICHAEL CASTEBERRY  
1218 THE GROVE RD  
ORANGE PARK, FL 32073

\*\*\*\*\*

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

Michael Casteberry  
Signature/Registered Agent

4/12/04  
Date

Michael Casteberry  
Signature/Incorporator

4/12/04  
Date