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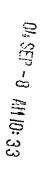
(Requestor's Name)
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TRANSMITTAL LETTER

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

SUBJECT:	DUSTIN H. HAY P.A.			
	(PROPOSED CORPOR	ATE NAME – <u>MUST INCL</u>	UDE SUFFIX)	
Enclosed are an original	inal and one (1) copy of the ar	ticles of incorporation and	a check for:	
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status DPY REQUIRED	
FROM:	DUSTIN H. HAY	e (Printed or typed)		
	505 EAST JACKSON	STREET SUITE 207 Address		
	TAMPA, FLORIDA 33602 City, State & Zip			
	813-748-6139 Daytime	Telephone number		

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)

04 SEP -8 AM 10: 33

ARTICLE I NAME

The name of the corporation shall be:

INCLAUNCISEE, FLORIDA

DUSTIN H. HAY, P.A

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is: 505 EAST JACKSON STREET SUITE 207 TAMPA, FL 33602

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

THE PRACTICE OF LAW, AND TO TRANSACT ANY AND ALL LAWFUL ACTIVITIES OR BUSINESS UNDER THE LAWS OF THE UNITED STATES, THE STATE OF FLORIDA, OR ANY OTHER STATE, COUNTRY, TERRITORY OR NATION

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

Dustin H. Hay Officer and/or Director 505 East Jackson Street Suite 207 Tampa, Fl 33602

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Dustin H. Hay 505 East Jackson Street Suite 207 Tampa, FI 33602

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Dustin H. Hay 505 East Jackson Street Suite 207 Tampa, Fl 33602

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

Monature Paristered Agent

Signature/Incorporator

Date

Date