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(((H12000098651 3)))



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From:

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FLORIDA PROFIT/NON PROFIT CORPORATION HOSPITALITY DESIGN INC.

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April 16, 2012

FLORIDA DEPARTMENT OF STATE Division of Corporations

FILINGS, INC.

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REF: W12000020953

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Jessica A Fason Regulatory Specialist II FAX Aud. #: H12000098651 Letter Number: 212A00011837



April 17, 2012

FLORIDA DEPARTMENT OF STATE
Division of Corporations

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REF: W12000021205

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Tim Burch Regulatory Specialist II New Filing Section FAX Aud. #: H12000098651 Letter Number: 712A00011947

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: Hospitality Design I	nc.	
ARTICLE II	PRINCIPAL OFFICE		
	Principal street address	Mailing	address, if different is:
	Palm Beach MacService	172002112	, add oss, it dissiplying ig.
	5100 S. Dixie Hwy #12		
	West Palm Beach, FL 33405		· · · · · · · · · · · · · · · · · · ·
ARTICLE III			12 APR 17 AN IO: 29 TALLAHASSEE, FLORIDA
The purpose for which the corporation is organized is: Warranty Computer Repair			
warranty C	omputer Repair		
			三 三
			(S) = 1
			Show I
ARTICLE IV	SHARES		Es 5
	hares of stock is: 1,000		2F 2
			PATE 9
ARTICLE V	INITIAL OFFICERS AND/OR DIRECT	TORS	P
Name and	Title:Milton Switzer V/P	Name and Title:	
Address:	11 Pleasant Valley Ln	Address:	
	Chester Gap, VA 22623		
Name and	Title: Shane Rennett S	Name and Title:	
Address:	7641 Overlook Rd	Address:	
	Lantana, FL 33462		
3 15	min Laudan Man Dank D	NT. man and CDM.	
	Title: Louise Van Dort P	Name and Title:	
Address:	4988 Sperryville Pike	Address:	
	Boston, MA 22713		
	REGISTERED AGENT		
	Iorida street address (P.O. Box NOT acceptable	le) of the registered agent is:	
Name:	Shane Bennett	<u></u>	
Address:	7641 Overlook Rd		
	Lantana, FL 33462		
ARTICLE VII	INCORPORATOR		
	uddress of the Incorporator is:		
Name:	Shane Bennett		
Address:	7641 Overlook Rd		
	Lantana, FL 33462		
:			
Having been na	imed as registered agent to accept service of pr	ocess for the above stated con	rporation at the place designated in
this certificate, I	am familiar with and accept the appointment a	s registerea agent ana agree te	o act in this capacity
	3-10		4/11/2012
- Line	D intoine (David Anna		
	Required Signature/Registered Agent		Date
I submit this do	ocument and affirm that the facts stated hereir	are true. I am aware that the	he false information submitted in a
document to the	Department of State constitutes a third degree j	feluny us provided for in s.817	. 155, F.S.
	- /	-	
1			4/11/2012
	Required Signature/Incorporator		Date