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RICKETARY OF STATE

COVER LETTER

7/1/14

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

SUBJECT:	H. K. M. Investments, Inc. (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)				
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	<u>UDE SUFFIX</u>)		
Enclosed are an ori	ginal and one (1) copy of the arti	cles of incorporation and	d a check for:		
·	* \$\frac{1}{2} \$78.75 Filing Fee & Certificate of Status	□ \$78.75 Filing Fee & Certified Copy ADDITIONAL CO	& Certificate of Status		
		·	·		
FROM:	Kirk W. Bennett Name	(Printed or typed)			
_	Post Office Box 4	16 Address			
	West Jordan, Utah City,	<u>84084</u> State & Zip	····		
	1-801-566-93 Daytime T	09			
	115acolyor@ aol,co				
_	E-mail address: (to be use	for future annual report	notification)		

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)

a name of the	corporation shall be: H. K. M. In	vestments, inc.
	PRINCIPAL OFFICE Principal street address	Mailing address, if different is:
677 <mark>8</mark> Lar	ntana Suite 8	Post Office Box 541299
Lake Wor	rth, Florida 33467	Lake Worth Florida 33454-
e purpose for		Lawful Purpose in the State of Flo
Includir	ng investments	
,		
	SHARES	
	SHARES hares of stock is: 10,000	
e number of sl	hares of stock is: 10,000 INITIAL OFFICERS AND/OR DIRECT	CTORS
e number of sl	hares of stock is: 10,000 INITIAL OFFICERS AND/OR DIRECT	CTORS
e number of sl RTICLE V Name a	hares of stock is: 10,000 INITIAL OFFICERS AND/OR DIRECT Pricet and Title: H. K. Melton, Presid	CTORS or
e number of sl RTICLE V Name a	hares of stock is: 10,000 INITIAL OFFICERS AND/OR DIRECT Pricet and Title: H. K. Melton, Presid	CTORS Or ent Name and Title <u>Lisa Colyer, Secretar</u> Address: 67 <u>78 Lantana Road #8</u>
e number of sl RTICLE V Name a	nares of stock is: 10,000 INITIAL OFFICERS AND/OR DIRECT Airect and Title: H. K. Melton, Presid	CTORS Or ent Name and Title <u>Lisa Colyer, Secretar</u> Address: 67 <u>78 Lantana Road #8</u>
RTICLE V Name a	INITIAL OFFICERS AND/OR DIRECT AND THE CAME	CTORS Or ent Name and Title <u>Lisa Colyer, Secretar</u> Address: 67 <u>78 Lantana Road #8</u>
RTICLE V Name a	INITIAL OFFICERS AND/OR DIRECT AND TITLE: H. K. Melton, Presides 186778 Lantana Road #8 Lake Worth, Florida 3346. Ind Title:	CTORS Or ent Name and TitleTisa Colyer, Secretar Address: 6778 Lantana Road #8 7 Lake Worth, Florida 334 Name and Title: Address:
RTICLE V Name a Address	INITIAL OFFICERS AND/OR DIRECT AND TITLE: H. K. Melton, Presides 186778 Lantana Road #8 Lake Worth, Florida 3346. Ind Title:	CTORS Or ent Name and Title: isa Colyer, Secretar Address: 6778 Lantana Road #8 7 Lake Worth, Florida 334 Name and Title:
RTICLE V Name a Address	INITIAL OFFICERS AND/OR DIRECT AND TITLE: H. K. Melton, Presides 186778 Lantana Road #8 Lake Worth, Florida 3346. Ind Title:	CTORS Or ent Name and TitleTisa Colyer, Secretar Address: 6778 Lantana Road #8 7 Lake Worth, Florida 334 Name and Title: Address:
Name a Address	INITIAL OFFICERS AND/OR DIRECT AND TITLE: H. K. Melton, Presides 186778 Lantana Road #8 Lake Worth, Florida 3346. Ind Title:	CTORS Or ent Name and TitleTisa Colver, Secretar Address: 6778 Lantana Road #8 7 Lake Worth, Florida 334 Name and Title: Address:
Name a Address	nd Title:	CTORS Or ent Name and TitleTisa Colver, Secretar Address: 6778 Lantana Road #8 7 Lake Worth, Florida 334 Name and Title: Address:

Name a	nd Title:	Name and Title:	
Addres		Address;	
ARTICLE VI The <u>name and F</u>	REGISTERED AGENT Florida street address (P.O. Box NOT acceptable) o	of the registered agent is:	
Name:	H. K. Melton	-	
Address:	6778 Lantana Road #8	_	
	Lake Worth, Florida 33467	_	
ARTICLE VII	INCORPORATOR		
The <u>name and a</u>	address of the Incorporator is:		
Name:	H. K. Melton	_	
Address:	6 <u>778 Lantana Road #8</u>	_	
	Lake Worth, Florida 33467		
	nmed as registered agent to accept service of proces. I am familiar with and accept the appointment as re	gistered agent and agree to a	
	He merres		7/1/14
	Required Signature/Registered Agent		Date
l submit this do document to the	ocument and affirm that the facts stated herein are Department of State constitutes a third degree felor	ny as provided for in s.817. <u>15</u>	75, F.S.
	Required Signature/Incorporator	CLAHASCEF FLGRIÐ	\$60