POCOCO 31384

(Proposed corporate name - must include suffix)

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

Enclosed is an original a	nd one(1) copy of the artic	les of incorporation and a	check for :	
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate	□\$122.50 Filing Fee & Certified Copy	■ \$131.25 Filing Fee, Certified Copy & Certificate	
		ADDITIONAL CO	PY REQUIRED	
FROM:	VAQURLYN K. Name (HINFS Printed or typed)	OMAR 23 ECRETAK	
_2	3013 N! 46 K	Address	AM II: 47	
7	TAMPA, FX City,	33617 State & Zip	——— ·	-
	(813) 988-878	4/(8/3)34	0-6742	
2	Dayume 1	elephone number		

HINES INVESTMENTS, INC.

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

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ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I NAME	
The name of the corporation shall be:	全帝 第 句
HINES INVESTMENTS. INC.	23 ASSE
	AMII: 47 OF STATE
ARTICLE II PRINCIPAL OFFICE	
The principal place of business and mailing address of this corporation shall be:	RATE 4.7
8013 NORTH YCH GTRAZT TAMPA, FZ 33617	Þ.
ARTICLE III SHARES The number of shares of stock that this corporation is authorized to have outstanding at any	one time ic:
100 SHARES	one time is.
•	
ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRES	S
The name and Florida street address of the initial registered agent are:	= .
TROSURLYN R. HINKS	
8013 ACRTH YOUR STREET, TRAPA, To 33617	
ARTICLE V INCORPORATOR	
The <u>name and address</u> of the incorporator to these Articles of Incorporation are:	
SAME AS MOUR JACQUELYN E, HINES	
80/3 N. 464h STreet	
1 Tampa, FL. 33617	
1/6/2000	9
// Signature/Incorporator / Date	
Signature/Incorporator / Date Registered Agens	•
21/01/	
(An additional article must be added if an effective date is requested.)	1
//	

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent