TRANSMITTAL LETTER

OI SEP -6 PM 4: 45
SEGRE TABLE OF STATE TALLAHASSEE. FLORIS

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

300004572393---6 -09/06/01--01053--004 *****78.75 *****78.75

SUBJECT: HCLY HSSOCIATES TIVC.

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation	and a	check for:
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\$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
	-	L	ADDITIONAL CO	PY REQUIRED

Name (Printed or typed)

POBOX 328

Address

PONTE VEDNA BEACH FL 32004

City, State & Zip

904 349 3005

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)

01 SEP -6 PM 4:45

SECRETARY OF STATE TALLAHASSEE, FLORIDA

ARTICLE I

The name of the corporation shall be:

HCL- & ASSOCIATES, INC

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

420 OSCEOLA AVE

JACKSONVICLE BEACH, FC 32150

MAILING
POBOX 328
PONTE VEDAM BEACH, FL 32004

ARTICLE III **PURPOSE**

The purpose for which the corporation is organized is: TREE RELOCATION/REMOUNT OR

OTHOR LAWFUL BUSINESS PURPOSE

ARTICLE IV

The number of shares of stock is:

1000

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

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

ROBERT C. WEED, JR.

412 PONTE VEDDA BLUD

PONTEVEDAN BENCH FL 32004

PRESIDENT/ PIRECTOR

REGISTERED AGENT

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

ROBERT C. WEED, JR.

420 OSCEOLA AVE

JACKSON VICLE BEACH, FL 32256

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

ROBONT C. WEED JA.

400 OSCEDLA BUE

JACKSONVICCE BEACH PL 32250

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

9- 4-2001 Date

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DO/OOOO88843 TRANSMITTAL LETTER

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TALLAHASSEE. FLORIDA

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FROM: KOBENT C. WEED JN.
Name (Printed or typed)

POBOX 328
Address

PONTE VEDNA BEACH, FC 32004 City, State & Zip

909 349 3005 Daytime Telephone number

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

ARTICLES OF INCORPORATION

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

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HCL & ASSOCIATES, INC

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

420 OSCEOLA AVE

JACKSONVICLE BEACH, FC 32250

POBOX 328
PONTE VEDAN BENCH, FL 32004

ARTICLE III **PURPOSE**

The purpose for which the corporation is organized is: TREE RELOCATION/REMOUNT ON

OTHOR LAWFUL BUSINESS PURPOSE

ARTICLE IV SHARES

The number of shares of stock is:

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

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

ROBERT C. WEED, JR.

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PONTEVEDAN BENCH FL 32004

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