TRANSMITTAL LETTER Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 CORPORATE NAME - MUST INCLUDE SUFFIX) 100004620861 -10/03/01--01001--007 *****87.50 Enclosed is an original and one(1) copy of the articles of incorporation and a check for : \$87.50 \$78.75 □ \$70.00 **\$78.75** Filing Fee Filing Fee, Filing Fee Filing Fee Certified Copy & Certified Copy & Certificate of Status & Certificate of Status ADDITIONAL COPY REQUIRED

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

Daytime Telephone number

03/10/3w

• ARFICLES OF INCORPORATION In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)	APPROVED
	ALED
ARTICLE I NAME The name of the corporation shall be: Hamen I Inc.	SECRETARY OF STATE TALLAHASSEE, FLORIDA
ARTICLE II PRINCIPAL OFFICE	TLAMASSEE, FLORIDA
The principal place of business/mailing address is: 852-B Blow P.O. Box 20	ontstown HWY /32304
ARTICLE III PURPOSE The purpose for which the corporation is organized is: Agricult	are Functions
ARTICLE IV SHARES The number of shares of stock is: \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	- · · .
ARTICLE V INITIAL OFFICERS/DIRECTORS (optional) The name(s) and address(es):	
	L HARVEY Secrentary UX 20931 SSEE FLA. 32316
TALLA MASSEE, FLA. 32316 TALLANA	5588, FLA. 32316
ARTICLE VI REGISTERED AGENT The name and Florida street address of the registered agent is:	2 ···
JERRY L. HARVEY 21 Otter Creek RD	
SOPCHOPPY IFLIA 32358 ARTICLE VII INCORPORATOR The name and address of the Incorporator is:	
TERRY L. ITARVEY P.O. Box 20931 TALLA NASSELIFLA. 30316 ************************************	*******
Having been named as registered agent to accept service of process for the above stated certificate, I am familiar with and accept the appointment as registered agent and agree	corporation at the place designated in this
Signature/Registered Agent	10/02/2001
Signature/Incorporator	10/02/2001
S.B. and S. M. Co. Postarol	Date '