TRANSMITTAL LETTER.

PO20000 25397

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

HYPRES HOMES INC.

BJECT:	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u> I	-03/04/02==0 *****87.50 UDE SUFFIX))1058- **** -
losed is an origin	al and one(1) copy of the articl	es of incorporation and a	a check for :	
\$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	
FROM	. Judith Hyn	ADDITIONAL CO	PY REQUIRED	
FROM		rinted or typed)	<u>.</u> .	-
		Address	2 N 7 0	, , ,
	City,	State & Zip	200/ 200/ 200/	LLAHAS
	Daytime T	elephone number	4 FN 2: 14	SEEL FLORIE

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)
ARTICLE I NAME The name of the corporation shall be:
Hynes Homes Inc.
ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is:
. 5736 nw 48 Dr Coral Springs FL 33067
ARTICLE III PURPOSE The purpose for which the corporation is organized is:
real ofate sales for independent contractors Es
ARTICLE IV SHARES The number of shares of stock is:
ARTICLE V INITIAL OFFICERS/DIRECTORS (optional) The name(s), address(es) and title(s):
ARTICLE VI REGISTERED AGENT The name and Florida street address of the registered agent is:
JUDITH HYPES - 5736 NW 48 Dr - Coral Springe FL
ARTICLE VII INCORPORATOR The name and address of the Incorporator is: 5736 NW 48 Dr
Coral Springs FL 33067

certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity
Signature/Registered Agent Date
Signature/Incorporator Date
Signature/Incorporator () Date