

TRANSMITTAL LETTER

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

200006847932--6  
-08/01/02--01021--012  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

SUBJECT: HOUCHENS INVESTMENTS CORPORATION  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and 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

ADDITIONAL COPY REQUIRED

FROM: JOSEPH HOUCHENS

Name (Printed or typed)

760 CENTRAL PARKE CIRCLE, #202

Address

LAKELAND, FL 33805

City, State & Zip

863-683-0628

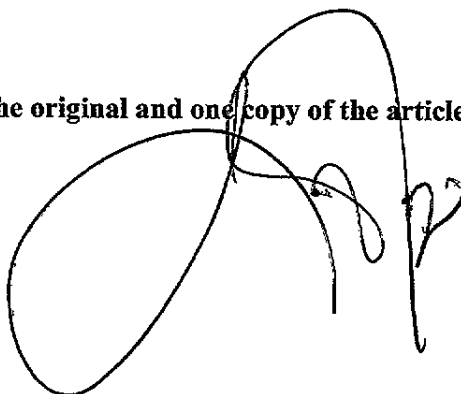
Daytime Telephone number

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

02 AUG - 1 AM 9:35

FILED

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:

HOUCHENS INVESTMENTS CORPORATION

## **ARTICLE II      PRINCIPAL OFFICE**

The principal place of business/mailing address is:

760 CENTRAL PARKE CIRCLE, #202  
LAKELAND, FL 33805

## **ARTICLE III      PURPOSE**

The purpose for which the corporation is organized is:

INVESTMENTS

## **ARTICLE IV      SHARES**

The number of shares of stock is:

ONE HUNDRED SHARES

## **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:

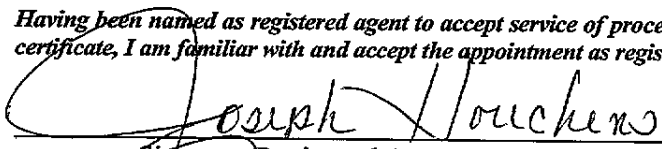
JOSEPH HOUCHENS  
760 CENTRAL PARKE CIRCLE, #202  
LAKELAND, FL 33805

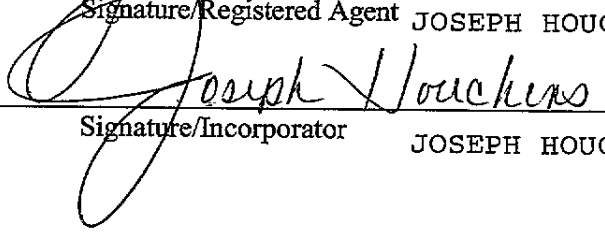
## **ARTICLE VII      INCORPORATOR**

The name and address of the Incorporator is:

JOSEPH HOUCHENS  
760 CENTRAL PARKE CIRCLE, #202  
LAKELAND, FL 33805

\*\*\*\*\*  
*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*

  
\_\_\_\_\_  
Signature/Registered Agent JOSEPH HOUCHENS

  
\_\_\_\_\_  
Signature/Incorporator JOSEPH HOUCHENS

  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Date

FILED  
02 AUG - 1 AM 9:35  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA