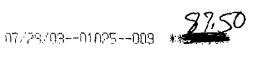
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(Requestor's Name)				
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With Michael Pin Whoma 44				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
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Certified Copies Certificates of Status				
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TRANSMITTAL LETTER

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

SUBJECT:	HALLMARK BUILDERS &	DEVELOPERS, INC	•
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	ODE SUFFIX)
Enclosed are an o	original and one (1) copy of the arti	icles of incorporation and	l a check for:
\$70.0	0 📮 \$78.75	□ \$78.75	\$ \$87.50
Filing Fe	e Filing Fee	Filing Fee	Filing Fee,
J	& Certificate of Status	& Certified Copy	
			& Certificate of
			Status
		ADDITIONAL CO	PY REQUIRED
FROM:	EDWARD L. JABLONSKI		
	Name (Printed or typed)		
	P. O. BOX 6441		
		Address	
	LAKE WORTH, FL. 334		
	City	, State & Zip	
	561-798-0304		
	Daytime 1	Celephone number	<u> </u>

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:

HALLMARK BUILDERS &DEVELOPERS, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

P.O. BOX 6441 LAKE WORTH, FL 33466

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

CONSTRUCTION & DEVELOPING

ARTICLE IV SHARES

The number of shares of stock is:

1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

EDWARD L. JABLONSKI -- PRESIDENT WAYNE F. JABLONSKI -- SEC/TREAS

ARTICLE VI REGISTERED AGENT

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

ANITA E. MANUEL 44 COCOANUT ROW PALM BEACH, FL 33480

ARTICLE VII INCORPORATOR

The <u>name and address</u> of the Incorporator is:

EDWARD L .JABLONSKI P.O.BOX 6441 LAKE WORTH, FL 33466

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

Signature/Incorporator

/ /

Date