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18/19

#### TRANSMITTAL LETTER

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

Subject HAMMERTIME RESIDENTIAL CONSTRUCTION, INC. Enclosed is an original and two (2) copies of the articles of incorporation and a check for \$70.00 **⋈** \$78.75 \$78.75 \$87.50 Filing Fee Filing Fee Filing Fee Filing Fee, & Certified Copy & Certified Copy Certified Copy & Certificate (ADDITIONAL COPY REQUIRED)

FROM:

Nellie Akalp

Name

30141 Agoura Rd., Suite 205

Address

Agoura Hills, California 91301

City, State & Zip

818-879-9079

Daytime Telephone number

NOTE: Please provide the original and one copy of the articles. Provide TWO copies if you have requested a certified copy as designated in the boxes above.

#### **ARTICLES**

# OF INCORPORATION OF

## HAMMERTIME RESIDENTIAL CONSTRUCTION, INC.

The undersigned incorporator, for the purpose of forming a corporation under the Florida business Corporation Act, hereby adopts the following articles of incorporation.

#### ARTICLE I NAME

The name of the Corporation shall be: HAMMERTIME RESIDENTIAL CONSTRUCTION, INC.

# ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

18 N. Polk Avenue Arcadia, Florida 34266

## ARTICLE III SHARES

The number of shares that this corporation is authorized to have outstanding at any one time is: 1000 at \$1.00 par value per share.

#### ARTICLE IV INITIAL DIRECTORS

The name(s) and address(s) of the initial Director(s) is/are:

Glenn A. Mogle 18 N. Polk Avenue Arcadia, Florida 34266

Terry L. Mogle 18 N. Polk Avenue Arcadia, Florida 34266

#### ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Andrew T. Ames, CPA, CFP 128 W. Oak Street Arcadia, Florida 34266



The name and address of the incorporator to these A	rticles of incorporation is:
Nellie Akalp	•
30141 Agoura Rd., Suite 205	•
Agoura Hills, California 91301	
numalo.	11.7.03.
Nellie Akalp, Incorporator	Date
Having been named as registered agent and to accept ser place designated in this certificate, I hereby accept the ap capacity. I further agree to comply with the provisions of performance of my duties, and I am familiar with and acc	ppointment as registered agent and agree to act in this all statutes relating to the proper and complete
	11/10/03
Andrew T. Amer CDA CED Degistered Agent	Data

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SECRETARY OF STATE