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TRANSMITTAL LETTER

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

SUBJECT:		LTERPRI-			
	(-100 0020 0010 0100	100 M	·		
Enclosed is an origina	al and one(1) copy of the article	es of incorporation and a	check for:		
□ \$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED		
FROM: LEONARD E G-ELFOND Name (Printed or typed)					
9000 PARK BOULEVARD#7					
	SEMINOLE City,	F 3377	7		
Í	727 - 410 Daytime Te) – 1613 Slephone number			

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 NAM	Al	RTIC	LE	I	NAM	Ċ
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The name of the corporation shall be:

EI NAME

of the corporation shall be:

HWOLF ENTERPRISES, INCORPORATION

CORPORATION

CORPORATIO

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

9000 PARKBOULEVARD, #7 SEMIHOLE, F1 33777

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

TAXI SERVICE

ARTICLE IV SHARES

The number of shares of stock is:

\$ 1,00 PAR VALUE 100 SHARES AT

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s), address(es) and title(s):

LEONARD E- GELFOND 9000 PARK BOULEVARD, #7 SEMINOLE, FL 33777

ARTICLE VI REGISTERED AGENT

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

LEONARD E GELFOND 9000 PARK BOULEVARD, SEMINOLE, FL 33777

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

LEONARD E. GELFOND 9000 PARK BOULEVARD, #7 SEMINOLE, FL 33777

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