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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	of Status
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SICKETARY OF STATE

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## TRANSMITTAL LETTER

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

SUBJECT: HOLLY & JOHN INC.					
(Proposed corporate name - must include suffix)					
Enclosed is an origina	al and one(1) copy of the articles	of incorporation and a c	heck for:		
\$70.00 Filing Fee		\$78.75 Filing Fee & Certified Copy  ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED		
FROM: HOLLY D. GLADFELTER Name (Printed or typed)					
27079 SAFE HARBOR LN Address					
PUNTA GORDA, FLA 33983 City, State & Zip					
	941-627 - Daytime Te	6915			

NOTE: Please provide the original and one copy of the articles.

## ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

The name of the corporation shall be:	
HOLLY + JOHN, Me	FILE AM-2 A
ARTICLE II PRINCIPAL OFFICE  The principal place of business and mailing address of this corporation shall be:	ED STAIL
27079 SAFE HARBOR LN.	
PUNTA GORDA FLA 33993  ARTICLE III SHARES  The number of shares of stock that this corporation is authorized to have outstanding	at any one time is:
100	·
ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADD The name and Florida street address of the initial registered agent are:  HOLLY D GLADFELTER	<u>DRESS</u>
27079 SAFE HARBOR LN PUNTA CORPORATOR 33983 ARTICLEY INCORPORATOR	
The <u>name and address</u> of the incorporator to these Articles of Incorporation are:	
HOLLY D GLADFELTER 27079 SAFE HARBOR LN PUNTA GORDA, FLA 33983	
ARTICLE VI THE EFFECTIVE DATE OF THIS CORPORA  ALLY Nachetta. 12	TION SHALL BR
Signature/Incorporator	Date

(An additional article must be added if an effective date is requested.)

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent

Signature/Registered Agent Date