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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

M1 10/16

TRANSMITTAL LETTER

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

ROBERT L HUTCHINSON JR INC.		
SUBJECT:		
(Proposed corporate name- must include suffix) Enclosed is an original and one(1) copy of the articles of incorporation and a checkfor:		
Filing Fee	Filing Fee &	
	Certificate of Status	
EDOM.	ROBERT L HUTCHINSON JR INC	
FROM:	Name (Printed or typed)	
	3319 ACAPULCO DRIVE	
	Address	
	RIVERVIEW, FL 33569	
- And Market State Control of the State Control of	City, State & Zip	
	813 689-7524	
	Daytime Telephone Number	

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

ARTICLES OF INCORPORATION

SECRETARY OF STATE TALLAHASSEE, FLORIDA

04 JUN 14 AM 10: 29

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: ROBERT L HUTCHINSON JR INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be: 3319 ACAPULCO DRIVE RIVERVIEW, FL 33569

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding

at any one time is: 100 SHARES

ARTICLE IV INITIAL REGISTERED AGENT AND STREET **ADDRESS**

The name and Florida street address of the initial registered agent are: ROBERT L HUTCHINSON JR, 3319 ACAPULCO DRIVE, RIVERVIEW, FL 33569

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are: ROBERT L HUTCHINSON JR, 3319 ACAPULCO DRIVE RIVERVIEW, FL 33569

Signature/Incorporator

6-11-04 Date

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 Date

Signature/Registered Agent