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(Red	questor's Name)		
(Add	dress)		
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(City/State/Zip/Phone #)			
PICK-UP	☐ WAIT	MAIL	
(Business Entity Name)			
(Document Number)			
Certified Copies	Certificates	s of Status	
Special Instructions to Filing Officer:			
18/44			



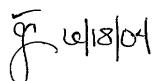
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004 JUN 18 PM 3: 47

Office Use Only

2544 WY4-22884



TRANSMITTAL LETTER

2004 JUN 18 PM 3: 47

Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314 SUBJECT: Enclosed are an original and one (1) copy of the articles of incorporation and a check for: \$87.50 \$70.00 \$78.75 **\$78.75** Filing Fee Filing Fee, Filing Fee Filing Fee & Certificate of Status & Certified Copy Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED

FROM:

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

Daytime Telephone number



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

2004 JUN 18 PM 3: 48 IALLAHASSEE FLORIDA

June 14, 2004

TOM HATCH 839 SW MUNJACK COVE PORT ST. LUCIE, FL 34986

SUBJECT: HATCH CORPORATION Ref. Number: W04000022884

We have received your document for HATCH CORPORATION and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6973.

Claretha Golden Document Specialist New Filings Section

Letter Number: 104A00039911

ARTICLES Q	FINCOR	PORATION
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In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be:

HATCH ASSOCIATES

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

839 SW MUNJACK COVE POST ST. Lucie / FL 34986

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ADrestising / marketing

ARTICLE IV SHARES

The number of shares of stock is:

50,000.00 (FIFTY THOUsand)

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

839 SW MUNJACK CV POST ST LUCIE 1FL 34986

ARTICLE VI REGISTERED AGENT

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

gent is: Ton Hatch
839 Sw mungack CV
port st Lucie, FL 34986

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is;

Tom Hatch 839 sw munfack cr Posts+ Lucia, FL 34986

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this recrificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Signature/Registered Agent

0-9-04 Date

Steam Hatel

Signature/Incorporator

6-9-04