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## TRANSMITTAL LETTER

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

Enclosed are an orig	inal and one (1) copy of the artic	eles 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
FROM:	9206 Me	Perkin Printed or typed)  TUDURY C- ddress	
	813-748	State & Zip  - 3322 elephone number	5

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 NAME The name of the corporation shall be: HTP MANAGEMENT GROUP, INC.	
ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is:  9206 Maybury Ct   P.O. Box 2718  TAMPA, F1. 33615   TAMPA, FL 336	;// :S8
ARTICLE III PURPOSE The purpose for which the corporation is organized is:  MANASEMENT OF BUSINESSES	
ARTICLE IV SHARES The number of shares of stock is: 2000  ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS List name(s), address(es) and specific title(s):  HERBERT T PERKINS - president  9204 Maybury Ct	
ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS	
List name(s), address(es) and specific title(s):	
HERBERT T PERKINS - president  9206 Maybury Ct  TAMPA, FL 33615	
ARTICLE VI REGISTERED AGENT	
The name and Florida street address of the registered agent is: HERBERT PERKINS  9206 MAYBURY CT  TAMPA, Fl. 33615	
9206 MAYBURY CT	
TAMPA, F1. 33615	
ARTICLE VII INCORPORATOR	
The name and address of the Incorporator is:  HERBERT PERKINS	
9206 MAYBURY CH	
[ TAMPA, FL 33615	
~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I om familiar with and accept the appointment as registered agent and agree to act in this capacity	
Signature/Registered Agent 17 JUNE 04 Date	
Signature/Registered Agent    17 JUNE 04     17 JUNE 04	
Signature/Incorporator Date	