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TRANSMITTAL LETTER

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

SUBJECT:	HWThomas Corpora	TE NAME -MUST INCL	notazinaav)		
Enclosed are an orig	inal and one (1) copy of the art	icles of incorporation and	a check for:		
\$70.00 Filing Fee	☐ \$78.75 Filing Fee	\$78.75 Filing Fee	☐ \$87.50 Filing Fee,		
	& Certificate of Status	& Certified Copy ADDITIONAL CO	Certified Copy & Certificate of Status PPY REQUIRED		
FROM:	Mr.Hugh W. Thomas				
	Name	e (Printed or typed)			
		Address			
	Oveido, Florida, 3276	55			
•	City	, State & Zip			
	(407)831-5252				
Daytime Telephone 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 NAME

The name of the corporation shall be:

HW THOMAS CONSULTING, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is: 1616 West McCulloch Rd. Oviedo, Fl. 32765

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Provide Consulting services.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Hugh W. Thomas President, 1618 West McCulloch Rd. Oveido, Fl.32765

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Hugh W. Thomas 1616 West McCulloch Rd. Oveido, Fl. 32765

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Hugh W. Thomas 1616 West McCulloch Rd. Oveido, Fl. 32765

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

Signature/Registered Agent

Date

Hylly Jhou 717104
Signature/Incorporator Date