(Requestor's Name)	
(Address)	100042789241
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(City/State/Zip/Phone #)	11/18/0401039012 **78.75
(Business Entity Name)	
(Document Number)	
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Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

HINES MANAGEMENT INC. SUBJECT: (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed is an original and one(1) copy of the articles of incorporation and a check for :

\$70.00 Filing Fee

Filing Fee & Certificate of Status

\$78.75

X 🖸 \$78.75 Filing Fee & Certified Copy □ \$87.50 Filing Fee, Certified Copy & Certificate of Status

ADDITIONAL COPY REQUIRED

RONALD L. DAVIS, ESQ. FROM: Name (Printed or typed) SUITE 200, KISLAK NATIONAL BANK BLDG.

1550 NE MIAMI GARDENS DRIVE

Address

NORTH MIAMI BEACH, FLORIDA 33179 City, State & Zip

(305) 940-2352

Daytime Telephone number

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



Secretary of State

November 24, 2004

RONALD L DAVIS, ESQUIRE 1550 NE MIAMI GARDENS DR SUITE 200, KISLAK NAT BANK BLDG N MIAMI BEACH, FL 33179

SUBJECT: HINES MANAGEMENT INC. Ref. Number: W04000043204

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) 245-6919.

Beth Register Document Specialist Supervisor New Filings Section

Letter Number: 804A00066728

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

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PH 12:

The name of the corporation shall be:

FREE SPIRIT GROUP INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

17941 N.W. 42ND PLACE MIAMI, FLORIDA 33155

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

ONE THOUSAND SHARES NO PAR VALUE (1000)

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS The name and address of the initial registered agent is:

RONALD L. DAVIS, ESQ. SUITE 200 KISLAK NATIONAL BANK BLDG. 1550 NE MIAMI GARDENS DRIVE NORTH MIAMI BEACH, FLORIDA 33179

ARTICLE V INCORPORATOR(S)

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See instructions for officers/directors The name(s) and street address(cs) of the incorporator(s) to these Articles of Incorporation is(are):

DIRK HINES, PRESIDENT, DIRECTOR AND INCORPORATOR 17941 N.W. 42ND PLACE MIAMI, FLORIDA 33155

SABRINA HINES, SECRETARY, DIRECTOR 17941 N.W. 42ND PLACE MIAMI, FLORIDA 33155

DANIEL KING, TREASURER AND DIRECTOR 17941 N.W. 42ND PLACE MIAMI, FLORIDA 33155

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

16 day	vor November, 19 2004.
	DIRK HINES, PRESIDENT Signature
	Signature
	Signature

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

PURSUANT TO THE PROVISIONS OF SECTION 607,0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is:

FREE SPARIT GROUP INC.

2. The name of the registered agent and office is:

RONALD L. DAVIS, ESQ. SUITE 200 KISLAK NATIONAL BANK BLDG. 1550 NE MIAMI GARDENS DRIVE NORTH MIAMI BEACH, FLORIDA 33179

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 atatutes 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

16/04

Date

