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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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## TRANSMITTAL LETTER

Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314 (PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX) Enclosed are an original and one (1) copy of the articles of incorporation and a check for: □ \$70.00 **□** \$78.75 **🖄** \$78.75 □ \$87.50 Filing Fee Filing Fee Filing Fee Filing Fee, & Certificate of Status & Certified Copy Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED 407A Victoria Drive

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

Daytime Telephone number

In compliance with Chapter 607 and/or Chapter 621, F.S.	S. (Profit)
ARTICLE I NAME The name of the corporation shall be:	05 MAR 14 AM 10: 40
Houchins Inc.	SECKLIARY OF STATE TALLAHASSEE, FLORIDA
The principal place of business/mailing address is:  401A Victoria Drive Port Orange, FL 32129  ARTICLE III PURPOSE  The purpose for which the corporation is organized is:  Contractor	
ARTICLE IV SHARES The number of shares of stock is: \000	
ARTICLE V INITIAL OFFICERS AND/OR D List name(s), address(es) and specific title(s): Jack Houchins - President 407 A Victoria Drive Port Orange, FL 32129	<u>IRECTORS</u>
Jack Houchins 407 A Victoria Drive Port Orange, FL 32129	
Having been named as registered agent to accept service of process certificate, I am familiar with and accept the appointment as registered.	for the above stated corporation at the place designated in this ed agent and agree to act in this capacity  3-10-05
Signature/Registered Agent  Signature/Incorporator	Date  3-10-05  Date