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03/07/05--01037--021 **78.75

FILED
05 MAY 23 AM 8:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

13(d)

T. Hampton MAY 24 2005

TRANSMITTAL LETTER

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

SUBJECT: H & P Corp

(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

☒ \$78.75
Filing Fee
& Certificate

☐ \$122.50
Filing Fee
& Certified Copy

☐ \$131.25
Filing Fee,
Certified Copy
& Certificate

NAME : FLORIDA INSURANCE & ACCOUNTING SERVICES, INC.

FROM: Florida Inc & ACCT

Name (printed or typed)

P.O. Box 651221

Address

Miami FL 33265

City, State & Zip

(205) 461-4884

Daytime Telephone number

*Please send the Articles to the
address above.*

THANKS

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



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

March 16, 2005

FLORIDA INS & ACCT
P O BOX 651221
MIAMI, FL 33265

SUBJECT: H & P CORP.
Ref. Number: W05000013661

RECEIVED

05 MAY 23 AM 7:27

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

We have received your document for H & P CORP. and your check(s) totaling \$78.75. 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 administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with a notarized affidavit stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

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

The document number of the name conflict is P03000001955 (H AND P INC.).

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) 245-6855.

Tammy Hampton
Document Specialist
New Filings Section

Letter Number: 605A00018060

ARTICLES OF INCORPORATION

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

The name of the corporation shall be:

FLORIDA'S SHINING DAWN CORP.

ARTICLE II PRINCIPAL OFFICE

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

15120 N.W. 29 AVE.
MIAMI, FL 33054

ARTICLE III SHARES

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

One Hundred (100) Shares Of Common Stock Par Value Of \$1.00 Each.

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

ALBA P. CUELLAR
15120 N.W. 29 AVE.
MIAMI, FL 33054

05 MAY 23 AM 8:10
SECRETARY OF STATE
TALLAHASSEE FLORIDA

FILED

ARTICLE V INCORPORATOR(S)

The name(s) and street address(es) of the Incorporator(s) to these Articles of Incorporation is(are):

ALBA P. CUELLAR
15120 N.W. 29 AVE.
MIAMI, FL 33054

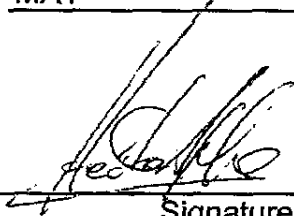
ARTICLE VI DIRECTOR(S)

The name(s) and street address(es) of the director(s) to these Articles of Incorporation is(are):

HECTOR MORE, PRESIDENT
15120 N.W. 29 AVE.
MIAMI, FL 33054

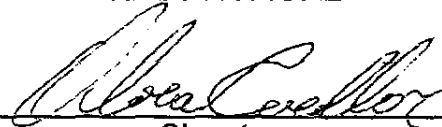
ALBA P. CUELLAR, VICE PRESIDENT
15120 N.W. 29 AVE.
MIAMI, FL 33054

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this 18 day of MAY, 2005



Signature

HECTOR MORE



Signature

ALBA P. CUELLAR

Signature

Articles of Incorporation

CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of sections 607.0501 or 617.0501, 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: FLORIDA'S SHINING DAWN CORP.

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

ALBA P. CUELLAR
(NAME)

15120 N.W. 29 AVE.
P.O.BOX NOT ACCEPTABLE

MIAMI, FL 33054
(CITY/STATE/ZIP)

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 STATUTES 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


ALBA P. CUELLAR

DATE

MAY 18, 2005