# P05000128389

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
		_		
PICK-UP	WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to F	Filing Officer:			
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# TRANSMITTAL LETTER

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

SUBJECT: HOEH	N ENTERPRISES, INC. (PROPOSED CORPORA)	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)	
Enclosed are an original	ginal and one (1) copy of the artic	cles 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 PY REQUIRED	
EDOM: DO	ONNA SACCO			
FROM: DONNA SACCO  Name (Printed or typed)				
	1111 NW 99 TERRACE	Address	- 235 c	
,	PEMBROKE PINES, FL 33024	State & Zip	·	
	954-680-4818	5		
		elephone number	<u></u> -	

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:

HOEHN ENTERPRISES, INC.

## ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is: 19844 60TH STREET, NORTH LOXAHATCHEE, FL 33470

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS

### ARTICLE IV SHARES

The number of shares of stock is:
1000 (ONE THOUSAND) SHARES

# ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

PATRICK E. HOEHN - PRESIDENT PATRICK C. HOEHN - VICE PRESIDENT TINA HOEHN - SECRETARY/OFFICER/DIRECTOR 19844 50TH STREET, NORTH LOXAHATCHEE, FL 33470

### ARTICLE VI REGISTERED AGENT

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

TINA HOEHN 19844 50TH STREET, NORTH LOXAHATCHEE, FL 33470

#### ARTICLE VII \_\_ INCORPORATOR

The <u>name and address</u> of the Incorporator is:

Signature/Incorporator

DONNA SACCO 1111 NW 99 TERRACE PEMBROKE PINES, FL 33024

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 9/14/05

Ocura Sacro 9/14/05

SECRETALL CE STATE