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(Requestor's Name)				
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SECRETARY OF STATE

COVER LETTER

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

SUBJECT:/	PROPOSED CORPORA		
	(PROPOSED CORPORA	ATE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	rinal and one (1) copy of the art	ticles of incorporation and	d a check for:
\$70.00	578.75	\$78.75	\$87.50
	Filing Fee	Filing Fee	Filing Fee,
1 11111 2 1 00	& Certificate of Status	& Certified Copy	
		1	& Certificate of
			Status
		ADDITIONAL COPY REQUIRED	
	TODO A. HING		
FROM:	10DD H. HINC	o (Printed or trend)	
	14SH	e (i finited or typed)	
	1124 Russies	· 	
	1124 Burrisa	Address	<u></u>
	LAKELAND, F	LA. 33809	-
	City	, State & Zip	<u>=</u>
	(863) 859 - 3 0 Daytime	//	
	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) FILED
ARTICLE I NAME	
The name of the corporation shall be: T.A. HINES	Tue. 2005 NOV -7 AM 8:4
•	
	SECRETARY OF STATE TALLAHASSEE, FLORID
ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: //2	· •
The principal place of business/maining address is.	4 BURRISKIOGE DR.
LAK	ELAND, FLA. 33809
ARTICLE III PURPOSE	
The purpose for which the corporation is organized is:	LISCELLANEOUS CONTANTOR
ARTICLE IV SHARES The number of shares of stock is: 100	
The number of shares of stock is: 100	
ARTICLE V _ INITIAL OFFICERS AND/OR DIR	FCTOPS
List name(a) address(ca) and smarific title(a)	
	A. HINES
1124,	BURRISRIDGE DR.
Lakel	ND FLA. 33809
	•
ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acce	ntable) of the registered agent is:
· -	A. Hines
	BURRISKIDGE DR.
ARTICLE VII INCORPORATOR LAKE	sland Fla. 35809
The <u>name and address</u> of the Incorporator is:	11:00 5
1 · A · J	VINES INC. BURRISAIDGE DR.
/ 1 ₀ 24	ISHARISAIDGE UR. LAND FLA. 33809
\A\CC\ *********************************	ANO FLA. 53809 *****************************
Having been named as registered agent to accept service of process for certificate, I am familiar with and accept the appointment as registered of	r the above stated corporation at the place designated in this agent and agree to act in this capacity
Todal a. Iting	11-4-05
Signature/Registered Agent	
_ Total Co. Him	11-4-05
Signature/Incorporator	Date