

POS000148627

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

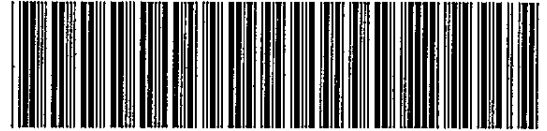
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



000061088980

11/07/05--01016--008

131.25  
~~\*\*\*~~

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2005 NOV -7 AM 8:44

FILED

COVER LETTER

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

SUBJECT: T.A. HINES INC.  
(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  
Filing Fee

\$78.75  
Filing Fee  
& Certificate of Status

\$78.75  
Filing Fee  
& Certified Copy

\$87.50  
Filing Fee,  
Certified Copy  
& Certificate of  
Status

**ADDITIONAL COPY REQUIRED**

FROM: TODD A. HINES  
Name (Printed or typed)

1124 BURRIS RIDGE DR.  
Address

LAKELAND, FLA. 33809  
City, State & Zip

(863) 859-3011  
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 INC.*

2005 NOV -7 AM 8:44

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is: *1124 BURRISRIDGE DR.  
LAKELAND, FLA. 33809*

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: *MISCELLANEOUS CONTRACTOR*

**ARTICLE IV SHARES**

The number of shares of stock is: *100*

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

List name(s), address(es) and specific title(s): *TODD A. HINES  
1124 BURRISRIDGE DR.  
LAKELAND FLA. 33809*

**ARTICLE VI REGISTERED AGENT**

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

*TODD A. HINES  
1124 BURRISRIDGE DR.  
LAKELAND FLA. 33809*

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

*T.A. HINES INC.  
1124 BURRISRIDGE DR.  
LAKELAND FLA. 33809*

\*\*\*\*\*

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

*Todd A. Hines*  
\_\_\_\_\_  
Signature/Registered Agent

*11-4-05*  
\_\_\_\_\_  
Date

*Todd A. Hines*  
\_\_\_\_\_  
Signature/Incorporator

*11-4-05*  
\_\_\_\_\_  
Date