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(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	∍#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	



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TALLAHASSEE FLORIDA

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or 11/22/05

TRANSMITTAL LETTER

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TALLAHASSEE FLORIDA

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

SUBJECT: TO	MMY HARDING, INC.		
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	ginal and one (1) copy of the art	icles of incorporation and	d 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 CO	PY REQUIRED
FROM:	TOMMY HARDING		
	Name	(Printed or typed)	
	6824 CEDAR RIDGE CIF	RCLE	
		Address	
	MILTON, FL 32570	-	
	City	, State & Zip	
	(225) 276-8997		
•	Daytime 3	elephone 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)

ARTICLE I *NAME*

The name of the corporation shall be:

TOMMY HARDING, INC.

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ATT OF STATE TALLAHASSEE FLORIDA

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

6824 CEDAR RIDGE CIRCLE MILTON, FL 32570

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: TO TRANSACT ANY & ALL LAWFUL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is: 7,500

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s), address(es) and title(s):

TOMMY HARDING 6824 CEDAR RIDGE CIRCLE MILTON, FL 32570 **PRESIDENT**

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

TOMMY HARDING 6824 CEDAR RIDGE CIRCLE MILTON, FL 32570

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

TOMMY HARDING 6824 CEDAR RIDGE CIRCLE MILTON, FL 32570

Having been named as yegistered 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

Signatura Registered Agent