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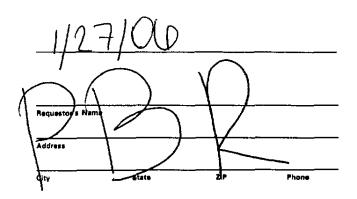
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VALIDATION

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CORPORATION(S) NAME

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) NonProfit			Amendment			Merger
) Foreign	(}	Dissolution	()	Mark
() Limited Partnership	()	Annual Report	()	Other
) Reinstatement	()	Reservation	()	Change of Registered Agent
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Verifier	 	
Acknowledgment	 	
W.P. Verifier		

Timpire Toll Free: 1-800-432-3028

ARTICLES OF INCORPORATION

of

OI .	
Parmiter of Hyde Inc.	
(name of corporation)	
The undersigned subscriber(s) to these Articles of Incorporation, natural person(corporation under the laws of the State of Florida.	s) competent to contract, hereby form a
ARTICLE I - CORPORATE NAME The name of the corporation is:	NV 50
Parmiter a Hyde Inc-	30
ARTICLE II - DURATION This corporation shall exist perpetually unless dissolved according to Florida law	E. FLORIDA
ARTICLE III - PURPOSE	
The corporation is organized for the purpose of engaging in any activities or bus United States and the State of Florida.	iness permitted under the laws of the
The corporation is authorized to issue	0) of ated "Common Shares".
ARTICLE V - INITIAL REGISTERED OFFICE AT The street address of the Initial Registered Agent office and the name of the Initial	
NAME James Parmiter	
ADDRESS 4700 NW 212 A	re # 304
CITY BOCA ROLON FLORIDA	zip 334 3 .l
The principal office, if known, or the mailing address of the corporation is:	
NAME James Parmiter	
ADDRESS 4700 NW 2 and Ave Suite 304	
CITY BOCK LATON FLORIDA	ZIP 33431

1	- INTIAL BOARD OF DIRECTORS	
This corporation shall have \(\frac{1}{4}\text{WO}\)	(2) directors initially. The number	of directors may be either
increased or diminished from time to time by the of the initial director(s) of the corporation are as f). The names and addresses
NAME James Parmiter		
ADDRESS 6620 DUMI AVE		
CITY West Palm Beach	STATE FL	ZIP 33411
NAME Troy Hyde		
ADDRESS 4338 W. Sample Rd.		
CITY Coral Soring	STATE FC	ZIP 33667
NAME		
ADDRESS		
СІТУ	STATE	ZIP
ADTIC	TEUL MCORPORTORS	
ARTIC	CLE VI I - INCORPORATORS	
The names and addresses of the incorporators sign	ning these Articles of Incorporation are as fo	llows:
NAME James Parmiter		
ADDRESS low Dural Ave		
CITY West Palm Beach	STATE PL	ZIP 33411
NAME		
ADDRESS		
CITY	STATE	ZIP Z
NAME		
ADDRESS		
CITY	STATE	ZIP
		- /
IN WITNESS WHEREOF, the undersigned subsc	riber(s) have executed these Articles of Inco	rporation this _ Q Q
day of	24 ()	
	gt, alf	(Seal)
		(Seal)
		(Seal)

CERTIFICATE AND KNOWLEDGEMENT OF REGISTERED AGENT

CERTIFICATE OF REGISTERED AGENT OF

Parmiter	9 Hyde	Inc.	
(name o	of corporation)		

Pursuant to Florida Statutes Sections 48.091 and 607.0501, the following is submitted: The above corporation, desiring to organize under the laws of the State of Florida with its registered office as indicated in the Articles of Incorporation

at(4700 N	lw 2 val	Are !	Suite	304					
<u>j</u>	Boen Ri	oton, f	L 336	131		···				
has nan	ned	James	Parmite	<u></u>						
located	at the af	oresaid ac	idress, as	its Reg	istered A	Agent to	accept	service o	f process	within
this stat	te.									

ACKNOWLEDGEMENT

Having been named as Registered Agent to accept service of process for the above stated corporation at the place designated in this certificate, and being familiar with the obligations of that position, I hereby accept to act in this capacity, and agree to comply with the provisions of Florida Law in keeping open said office.

(registered agent)