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SECRETARY OF STATE

C.J. 2-1

COVER LETTER

SUBJECT: THE HIXON GROUP, INC.

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

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

Enclosed are an origina	al and one (1) copy of the art	icles of incorporation and	l a check for:	
Filing Fee	\$78.75 Filing Fee & Certificate of Status	S78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of Status	
		ADDITIONAL CO	PY REQUIRED	
FROM: DA	/ID HIXON	(Printed or typed)	- ·	
<u>1</u>	John Anderson Driv			
<u>o</u>	RMOND BEACH, FL	32176 , State & Zip		بنه سم مص
<u>38</u>	36-676-1788 Daytime	Telephone number	<u> </u>	

NOTE: Please provide the original and one copy of the articles.

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In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

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ARTICLE I NAME

The name of the corporation shall be:

THE HIXON GROUP, INC

06 JAN 27 PM 12: 51 SECRETARY OF STATE TALLAHASSEE, FLORIDA

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

1 John Anderson Drive #309 ORMOND BEACH, FL 32176

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

FOR ALL PURPOSES AUTHORIZED BY THE FLORIDA CORPORATION STATUTES 607 & 621 INCLUDING BUT NOT LIMITED TO SALES OF GOODS

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):

David Robert Hixon - Director

Sheila Jolene Hixon - Director

ARTICLE VI REGISTERED AGENT

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

David Robert Hixon 1 John Anderson Drive #309 ORMOND BEACH, FL 32176

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

David Robert Hixon 1 John Anderson Drive #309 ORMOND BEACH, FL 32176

		1
David R Hixon		01-23-06
Signature/Registered Agoht	-	Date
Dand R HIXON		01-23-06
Signature/Incorporator	*	Date