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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

C.F. i

**COVER LETTER**

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

**SUBJECT:** Home Hosting Travel Network, 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:** Gregg A. Lynch

Name (Printed or typed)

PO Box 1222

Address

Dade City, FL 33526-1222

City, State & Zip

352-567-5618

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)

**ARTICLE I NAME**

The name of the corporation shall be:

Home Hosting Travel Network, Inc.

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

18724 Hancock Farm Road  
Dade City, FL 33523

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Operation of any legal business in the State of incorporation.

**ARTICLE IV SHARES**

The number of shares of stock is:

1000

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

List name(s), address(es) and specific title(s):

Francine Hancock, President  
Charlotte Tomkow, Vice President

**ARTICLE VI REGISTERED AGENT**

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

Gregg A. Lynch, CPA  
14144 Sixth Street  
Dade City, FL 33525

**ARTICLE VII INCORPORATOR**


The name and address of the Incorporator is:

Gregg A. Lynch  
PO Box 1222  
Dade City, FL 33526

\*\*\*\*\*

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

  
\_\_\_\_\_  
Signature/Registered Agent

  
\_\_\_\_\_  
Signature/Incorporator

12-1-05  
\_\_\_\_\_  
Date

12-1-05  
\_\_\_\_\_  
Date

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06 FEB -6 PM 3:47  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA