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2006 MAR 13 PM 4:08
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TALLAHASSEE FLORIDA

3/14/06

COVER LETTER

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

FILED
2006 MAR 13 PM 4:08
SECRETARY OF STATE
TALLAHASSEE FLORIDA

SUBJECT: THE HUGHLEY CORPORATION

(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: VALERIE HUGHLEY

Name (Printed or typed)

514 SW 7TH AVENUE

Address

HOMESTEAD, FLORIDA 33030

City, State & Zip

(786) 234-0747 & (305) 257-5300

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:

THE HUGHLEY CORPORATION

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

514 SW 7TH AVENUE
HOMESTEAD, FLORIDA 33030

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To engage in any lawful act or activity for which corporations may be organized under the provisions of the Florida Corporation act.

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):

VALERIE HUGHLEY - PRESIDENT, VP, T, S,
514 SW 7TH AVENUE
HOMESTEAD, FLORIDA 33030

ARTICLE VI REGISTERED AGENT

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

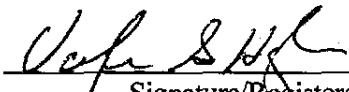
VALERIE HUGHLEY - PRESIDENT
514 SW 7TH AVENUE
HOMESTEAD, FLORIDA 33030

ARTICLE VII INCORPORATOR


The name and address of the Incorporator is:

VALERIE HUGHLEY - PRESIDENT
514 SW 7TH AVENUE
HOMESTEAD, FLORIDA 33030

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

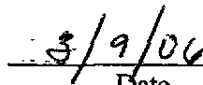


Signature/Incorporator

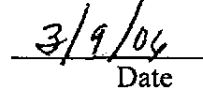
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SECRETARY OF STATE
TALLAHASSEE FLORIDA



Date



Date