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SECRETARY OF STATE DIVISION OF CORPORATIONS

COVER LETTER

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

SUBJECT: HOUSING JING. (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)				
	(PROPOSED CORPORA	NTE NAME – <u>MUST INCL</u>	UDE SUFFIX)	
Enclosed are an orio	inal and one (1) copy of the art	icles of incorporation and	lacheck for	
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status	
FROM:		Ory W. Ely (Printed or typed)	10vH	
-	City	State & Zip		
	Daytime	127) 323-55/4 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)

SECRETARY OF STATE DIVISION OF CORPURATION

06 JUL 31 AM 8: 46

ARTICLE I NAME

The name of the corporation shall be:

Hours ass Comousines, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

7640 46 hay worth Pirllis Parle, FC 33781

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Limousin magant

ARTICLE IV SHARES

The number of shares of stock is:

1,000 shows

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

President Gresong W. Fly and all 7640 46 way North Officers Pinellas Park, FL 33781

ARTICLE VI REGISTERED AGENT

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

Green W. Ely 7640 Red Lay North P. rellas Purk , FC 33781

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Gregory W. Fly 7640 all Way North Pirells Park, FL 33781

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

Date

7-26-06

Date

7-26-06

Date