

PO60000109604

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

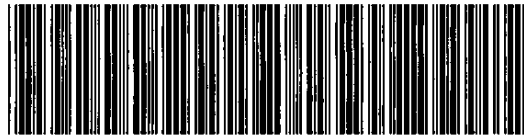
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:  
Hilton Bader GAVE  
AUTHORIZATION BY PHONE TO  
CORRECT Name  
DATE 8/22/06  
DOC. EXAM TH

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2006 AUG 21 PM 3:19  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

COVER LETTER

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

SUBJECT: H. L. CONSULTANTS 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: HILTON BOENNER  
Name (Printed or typed)

11930 N. Bayshore Dr.  
Address

N Miami FL 33181-2901  
City, State & Zip

305 893 2308  
Daytime Telephone number

Fax 305 893 9160

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: **H L B CONSULTANTS INC,**

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailing address is:  
**11930 N Bayshore Dr. N Miami FL**  
**UNIT 1209**

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:  
**Services** **33181-2901**

**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):  
**HILTON BODNER**  
**11930 N Bayshore Dr**  
**N. MIAMI FL 33181**  
**APT 1209**

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**2006 AUG 21 PM 3:19**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

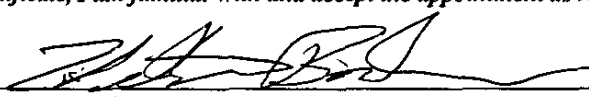
**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:  
**11930 N Bayshore Dr HILTON BODNER**  
**N Miami FL 33181-2901**  
**UNIT 1209**

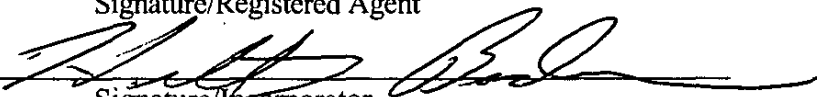
**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is: **HILTON BODNER**  
**11930 N Bayshore Dr.**  
**N Miami FL 33181-2901**  
**APT 1209**

\*\*\*\*\*  
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

**8/18/06**  
Date

  
Signature/Incorporator

**8/18/06**  
Date