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(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
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08/28/06--01023--024 **78.75

FILED 06 AUG 28 AM 11: 26 SECRETARY OF STATE TALLANASSEE, FLORIDA

C.J. 8-29

COVER LETTER

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

SUBJECT: DE SURFIX) PROPOSED --

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

S70.00 Filing Fee

Filing Fee & Certificate of Status

\$78.75	\$87.50
Filing Fee	Filing Fee,
& Certified Copy	Certified Copy
	& Certificate of
	Status
ADDITIONAL COPY REQUIRED	
	_

FROM: the (Printed or typed)

210

33313 City, State &

951 Daytime Telephone number

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

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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: Hopood, Inc. TALLAHA ARTICLE II PRINCIPAL OFF The principal place of business/mailing address is: 4,3rd Terr 33313 OSE The purpose for which the corporation is organized is: ARTICLE IV SHARES The number of shares of stock is: AND/OR DIRECTORS _ist name(s), address(es) and specific title(s): PD Alton E. Hopood 1124 NW 43" Lauder hill, fl 23313

ARTICLE VI REGISTERED AGENT

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

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I and familia, with and accept the appointment as registered agent and agree to act in this capacity

ignature/Registered Agent gnatureAncorporator

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FILED