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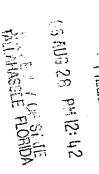
(Requestor's Name)				
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(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
(Boodine (tambos)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
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COVER LETTER

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

SUBJECT: HFS KESCARCH GROUP, LNC. (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)				
	(I NOI ODED COM ORA	I B NAME - MOST HYCE	<u>opt our ny</u>	
Enclosed are an orig	ginal and one (1) copy of the arti	cles of incorporation and	l a check for:	
\$70.00 Filing Fee		\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate o Status	
EDOM.	Roy Hursen	ADDITIONAL CO	DPY REQUIRED	
PROM:	Koy Hinson Name 10130 Northlake	(Printed or typed) SLud. PMB 4 Address	# 282	
	WEST PALM Be.	ACL Florida State & Zip	33412	
	561- 301- 9 Daytine 1	7 ad a Telephone number		

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

ARTICLES OF INCORPORATION

FILED

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be:

HFS RESEARCH GROUP, INC

06 AUG 28 PM 12: 42

SECRETARY OF STATE TALLAHASSEE, FLORIDA

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

I 10130 Northlake Bland PMB # 282

WESTPALM BEACH, FL. 33412

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

FINANCIAL ANALYSIS

ARTICLE IV SHARES

The number of shares of stock is:

10,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

ROY HINSON CEO/PRESIDENT 8167 QUAIL MEADEN WAY WEST PARM BEACH, FL 33412

REGISTERED AGENT ARTICLE VI

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

Roy HINSON

The name and address of the Incorporator is:

Roy HINSON
8167 Quail Mender WAY
WEST POLM BEACH, FL 33412

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