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(Requestor's Name)				
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PICK-UP	☐ WAIT	MAIL		
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(Document Number)				
Certified Copies	_ Certificates	of Status		
Special Instructions to Filing Officer:				





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DIVISION OF CORPORATION OF SECRETARY OF STATE OF CORPORATION OF CO

EP 3/26/08

COVER LETTER

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

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SUBJECT: TNHO	DSDON, INC. (PROPOSED CORPOR	ATE NAME – <u>MUST INCI</u>	LUDE SUFFIX)
Enclosed are an orig	inal and one (1) copy of the art	icles of incorporation and	l 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
	in the second	ADDITIONAL CO	
FROM: J.	H. HILL, INC.		
	Name	(Printed or typed)	
	PMB 290, 6999-02 MERRILL R	OAD Address	
	JACKSONVILLE, FL 32277	, State & Zip	
	904-855-1140 Daytime	Telephone number	
FROM: <u>J.</u>	Name PMB 290, 6999-02 MERRILL R JACKSONVILLE, FL 32277 City 904-855-1140	Address	·

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

 $\sqrt{\gamma} (a_1 + b_2) = (a_2 + b_3) + (a_3 + b_4) = \gamma (a_1 + b_2) + (a_4 + b_3) + (a_4 + b_4) = \gamma (a_4 + b_4) + (a_4$

. . .

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:

T. N. HODSDON, INC.

ARTICLE II PRINCIPAL OFFICE

The principle <u>street</u> address and mailing address, if different is:

967 WILDERLAND DRIVE JACKSONVILLE, FL 32225

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ANY AND ALL LAWFUL PURPOSES

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s): TRACY N HODSDON 967 WILDERLAND DRIVE JACKSONVILLE, FL 32225

ARTICLE VI REGISTERED AGENT

The <u>name and Florida street address</u> (P.O. Box NOT acceptable) of the registered agent is: TRACY N HODSDON

967 WILDERLAND DRIVE JACKSONVILLE, FL 32225

ARTICLE VII INCORPORATOR

The <u>name and address</u> of the Incorporator is: TRACY N HODSDON 967 WILDERLAND DRIVE JACKSONVILLE, FL 32225

**************	**********
Having been named as registered agent to accept service of process for the accertificate, I am familiar with and accept the appointment as registered agent ar	bove stated corporation at the place designated in this ad agree to act in this capacity
Tracy N. Holdson	3/24/05
Signature/Registered Agent	Date 3/24/18
Signature/Incorporator	

SECRETARY OF SIATION OF CORPORATION OF CORPORATION