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(Requestor's Name)			
(Address)			
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(City/State/Zip/Phone #)			
,			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
•			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			
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Office Line Only			



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SECRETARY OF STATE

T. Burch MAY 1 8 2008

CERTIFICATE OF DOMESTICATION

The undersigned,	Richard E Hoffman	, President	,
_	(Name)	(Title)	ALC:
of <u>Hoffman lr</u>	vestment Management, Inc. (Corporation Name)	a foreign corporation,	MAY 12 NG DARY AHASSE
in accordance with	s. 607.1801, Florida Statutes, does he	ereby certify:	2 PM
	ich corporation was first formed was where the above named corporation		_8 = f
. The name of the was <u>Ho</u>	g was <u>New York State</u> corporation immediately prior to the f ffman Investment Management, Inc corporation, as set forth in its article	_	
	607.0401 with this certificate is		
administration of	that constituted the seat, siege social the corporation, or any other equivaler the filing of the Certificate of Dome	nt jurisdiction under applicable law	
	New York State		
6. Attached are Fl to s. 607.1801.	orida articles of incorporation to com	plete the domestication requiremen	ts pursuant
I am <u>President</u>	, of <u>Hoffman In</u>	vestment Management, Inc.	
and am authorized so this the 8th day	to sign this Certificate of Domesticat	•	d have done
	Kulmo E. A	Bua	
	(Authorized S	enature)	
	Filing Fe	ee:	

Certificate of Domestication

\$50.00

Articles of Incorporation and Certified Copy \$78.75

Total to domesticate and file

\$128.75

TRANSMITTAL LETTER

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

SUBJECT: Hoffman Investment Management, Inc.

Enclosed is an original and one (1) copy of the Certificate of Domestication and a check for:

FEES:

Certificate of Domestication \$50.00
Articles of Incorporation and Certified Copy \$78.75
Total to domesticate and file \$128.75

OPTIONAL:

Certificate of Status \$ 8.75

FROM: Richard E. Hoffman
Name (printed or typed)

8490 S. Lake Forest Drive
Address

Davie, Florida 33328-3053 City, State & Zip

_____(954) 647-8637 Daytime Telephone Number

ARTICLES OF INCORPORATION

IN COMPLIANCE WITH CHAPTER 607, F.S.

ARTICLE I NAME

THE NAME OF THE CORPORATION SHALL BE: Hoffman Investment Management, Inc.

ARTICLE II PRINCIPAL OFFICE

THE PRINCIPAL PLACE OF BUSINESS/MAILING ADDRESS IS:

8490 S. Lake Forest Dr. Davie, Florida 33328-3053

ARTICLE III PURPOSE

THE PURPOSE FOR WHICH THE CORPORATION IS ORGANIZED:

To offer financial services & advice to clients.

ARTICLE IV_ SHARES

THE NUMBER OF SHARES OF STOCK IS: 100

ARTICLE V INITIAL DIRECTORS AND/ OR OFFICERS

THE NAME(S) AND ADDRESS(ES) AND SPECIFIC TITLES:

_Richard E Hoffman, President

Perla Hoffman, Secretary

INITIAL REGISTERED AGENT AND STREET ADDRESS

THE NAME AND FLORIDA STREET ADDRESS (P.O. BOX NOT ACCEPTABLE) OF THE REGISTERED AGENT IS: Richard E. Hoffman

_8490 S. Lake Forest Dr.

Davie, Florida 33328-3053

<u> ARTICLE VII __INCORPORATOR</u>

THE NAME AND ADDRESS OF THE INCORPORATOR IS:

Richard E. Hoffman

8490 S. Lake Forest Dr.

Davie, Florida 33328-3053

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE

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.