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(Requestor's Name)				
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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				
Special Instructions to Filing Officer:				
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SECRETARY OF STATE

J. Shivers MAR 0 3 2009

COVER LETTER

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

SUBJECT: HIPPH	IPPO, Inc.			_
	(PROPOSED CORPORA	ATE NAME – <u>MUST INC</u>	LUDE SUFFIX)	
		,		
Enclosed are an orig	ginal and one (1) copy of the art	icles of incorporation and	d a check for:	
	.,	•		
\$70.00	☑ \$78.75	\$78.75	□ \$87.50	
Filing Fee	Filing Fee	Filing Fee	Filing Fee,	
	& Certificate of Status	& Certified Copy	Certified Copy	
•			& Certificate of	
			Status	
		ADDITIONAL COPY REQUIRED		
			Z .,	No.
FROM:	FROM: Harold S. Buchman Name (Printed or typed)			
	Ivanie	(I fillied of typed)	SECRETARY TALLAHASSEE	5 77
	0700 504/ 000- 4		TAR ISS	-
	2786 NW 80th Ave.	Address	21167	
			FL.S. PH	m
	G : 51 00000		SRE ?	O
	Sunrise, FL 33322	, State & Zip	2: 26	
	0,	,		
	954-742-3394			
		Telephone number		

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:

HIPPHIPPO, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal **street** address and mailing address, if different is:

2786 NW 80th Ave. Sunrise, FL 33322

ARTICLE III **PURPOSE**

The purpose for which the corporation is organized is:

The purpose of the corporation is to conduct any lawful purpose or purposes.

ARTICLE IV SHARES

The number of shares of stock is: 100

INITIAL OFFICERS AND/OR DIRECTORS

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

Harold S. Buchman 2786 NW 80th Ave. Sunrise, FL 33322 President

REGISTERED AGENT

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

Harold S. Buchman 2786 NW 80th Ave. Sunrise, FL 33322

INCORPORATOR ARTICLE VII

The name and address of the Incorporator is:

Harold S. Buchman 2786 NW 80th Ave. Sunrise, FL 33322

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 A

02, 26.0g
Date
02.26.0g

Signature/Incorporator