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COVER LETTER

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

| SUBJECT: Hatchlan | nd Architectural Studio Inc. (PROPOSED CORPORA | ATE NAME – <u>MUST INC</u> I | LUDE SUFFIX) |
|--------------------------|---|---|--|
| | · | | |
| Enclosed are an original | 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 | S78.75 Filing Fee & Certified Copy ADDITIONAL CO | |
| FROM: Hat | chland Architectural Studio Inc. | | |
| | Name 8730 N Himes Ave Suite 710 | (Printed or typed) Address | |
| | Tampa, FL 33614 City | y, State & Zip | ······································ |
| | 813-446-3437 Daytime | 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:

Hatchland Architectural Studio Inc.

ARTICLE II PRINCIPAL OFFICE

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

8730 N Himes Ste 710 Tampa, FL 33614

ARTICLE III **PURPOSE**

The purpose for which the corporation is organized is:

ANY AND ALL LAWFUL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is:

100.000

INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s): 8730 N Himes Ave Ste 710 Tampa, FL 33614

Gerald Todd Hatcher 8730 N Himes Ave Ste 710 Tampa, FI 33614

ARTICLE VI REGISTERED AGENT

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

I CERTIFY THAT I AM FAMILIAR WITH AND ACCEPT THE RESPONSIBILITIES OF REGISTERED AGENT.

REGISTERED AGENT SIGNATURE: A ORLANDO GUILLERMO

ARTICLE VII **INCORPORATOR**

The name and address of the Incorporator is:

A ORLANDO GUILLERMO 8730 N HIMES AVE STE 710

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

8730 N ATMES AVE STE 710, TAMPA, FL 33614

Signature/Registered Agent