

P09000053826

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

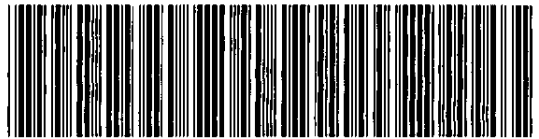
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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FILED  
2009 JUN 19 PM 4:43  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

T. Burch JUN 22 2009

## COVER LETTER

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

**SUBJECT:** Hisem, Inc.  
(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☒ \$70.00      ☐ \$78.75  
Filing Fee      Filing Fee  
                         & Certificate of Status

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
<b>ADDITIONAL COPY REQUIRED</b>	

**FROM:** Joyce Christy  
Name (Printed or typed)

8204 Cavalry Drive  
Address

Hudson, Florida 34667  
City, State & Zip

727.389.2556  
Daytime Telephone number

jmc212@lycos.com  
E-mail address: (to be used for future annual report notification)

**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: Hisem, Inc.

**ARTICLE II PRINCIPAL OFFICE**

The principal street address and mailing address, if different is:  
8204 Cavalry Drive Hudson, Florida 34667

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:  
Management services

**ARTICLE IV SHARES**

The number of shares of stock is:  
1,000

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

List name(s), address(es) and specific title(s):  
Joyce Christy  
8204 Cavalry Drive Hudson, FL 34667

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:  
Joyce Christy  
8204 Cavalry Drive Hudson, FL 34667

**ARTICLE VII INCORPORATOR**

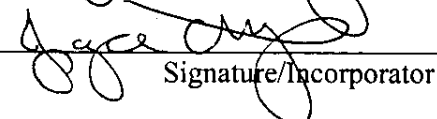
The name and address of the Incorporator is:  
Joyce Christy  
8204 Cavalry Drive Hudson, FL 34667

\*\*\*\*\*

*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

6-15-09  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Signature/Incorporator

6-15-09  
\_\_\_\_\_  
Date

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