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(Business Entity Name) (Document Number) Certified Copies Certificates of Status	FILED SECRETARY OF STATE TALLAHASSEE, FLORIDA
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CORPORATION NAME(S) & DO	OCUMENT NUMBER(S), (i	if known):
1. <u>HATCHET</u> (Corporation Name)	CONSULTAR	TS OF SOUTH
2. FLORIDA (Corporation Name)	(Document #)	
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OTHER FILINGS	REGISTRATION	QUALIFICATION
 Annual Report Fictitious Name 	 Foreign Limited Partner Reinstatement Trademark Other 	rship
		Examiner's Initials



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ARTICLES OF INCORPORATION OF

Hatchet Consultants of South Florida, Inc.

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I

The name of the corporation shall be:

Hatchet Consultants of South Florida, Inc.

ARTICLE II

The principal place of business and mailing address of this corporation shall be:

416 Rosaro Avenue Coral Gables, FI 33146 <u>ARTICLE III</u>

The number of shares of stock that this corporation is authorized to have outstanding at any time is:

500 shares (five hundred) @ \$ 1.00 (one dollar)

ARTICLE IV INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is:

Jose I. Macia 416 Rosaro Avenue Coral Gables, Fl 33146

ARTICLE V INCORPORATOR (S)

The name(s) and street address(es) of the incorporator to these Articles of Incorporation is (are):

Jose I Macia, President 416 Rosaro Avenue Coral Gables, FI 33146

The undersigned has (have) executed these Articles of Incorporation this 12th day of October 2009.

President ilin

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\$ign)ature/ Title

CERTIFICATE OF DESIGNATION

REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Section 607.325, Florida Statue, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

Jose I. Macia 416 Rosaro Avenue

1. The name of the corporation is: Hatchet Consultants of South Florida, Inc.

2. The name and address of the registered agent and office is:

Coral Gables, FI 33146 Signature Title Date

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFIED, I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL MY STATUS RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I ACCEPT THE DUTIES AND OBLIGATIONS OF SECTION 607.325, FLORIDA STATUTES.



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