# P09000102751

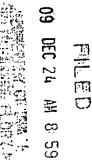
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|---|--------------------|--------------------|--|
| (Requestor's Name)                      |                    |                    |  |
|   |                    |                    |  |
| (Address)                               |                    |                    |  |
|   |                    |                    |  |
| (Address)                               |                    |                    |  |
|   |                    |                    |  |
| (Cit                                    | ty/State/Zip/Phone | <del>&gt;</del> #) |  |
| PICK-UP                                 | WAIT               | MAIL               |  |
|   |                    |                    |  |
| (Bu                                     | siness Entity Nar  | ne)                |  |
|   |                    |                    |  |
| (Do                                     | cument Number)     |                    |  |
|   |                    |                    |  |
| Certified Copies Certificates of Status |                    |                    |  |
|   |                    |                    |  |
| Special Instructions to                 | Filing Officer:    |                    |  |
|   |                    |                    |  |
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# **COVER LETTER**

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

| SUBJECT:                | HAY UNLIMITED CORPORATION (PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX) |   |   |  |
|-------------------------|---|---|---|--|
| Enclosed are an orig    | inal and one (1) copy of the artic  | les of incorporation and                          | a check for:  |  |
| ☐ \$70.00<br>Filing Fee | ☑ \$78.75 Filing Fee & Certificate of Status                              | S78.75 Filing Fee & Certified Copy  ADDITIONAL CO | S87.50 Filing Fee, Certified Copy & Certificate o Status PPY REQUIRED |  |
| FROM:                   |   | N MEDINA<br>(Printed or typed)                    |   |  |
|                         | 264 SW MICANOPY GLEN Address  |   |   |  |
|                         |   | HTE, FL.32038<br>State & Zip                      |   |  |
|                         | 386 497-4458  Daytime Telephone number                                    |   |   |  |
|                         | HORSERAM<br>E-mail address: (to be used                                   | I@YAHOO.COM<br>for future annual report i         | 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:

## HAY UNLIMITED CORPORATION

#### ARTICLE II PRINCIPAL OFFICE

The principal <u>street</u> address and mailing address, if different is: 264 SW MICANOPY GLEN FORT WHITE, FL.32038

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is: HAY PURCHASE AND SALE



The number of shares of stock is:

500

# ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

LILIAN MEDINA

### ARTICLE VI REGISTERED AGENT

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

LILIAN MEDINA 264 SW MICANOPY GLEN FORT WHITE, FL. 32038

#### ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

LILIAN MEDINA 264 SW MICANOPY GLEN FORT WHITE, FL. 32038

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 Date

Dition

Signature/Incorporator

Date