## P10000035317

(Requestor's Name)				
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(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Cartified Conjug				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				





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SECRETARY OF STAT

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W09-8869

## **COVER LETTER**

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

SUBJECT:	LHC Inc_		
	(PROPOSED CORPORA	TE NAME – <u>MUST INC</u> L	UDE SUFFIX)
Enclosed are an orig	ginal and one (1) copy of the artic	cles of incorporation and	a check for:
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	S78.75 Filing Fee & Certified Copy  ADDITIONAL CO	\$87.50 Filing Fee. Certified Copy & Certificate of Status PPY REQUIRED
FROM:	Christi A	(Printed or typed)	·
	106010 Pla	intation -	BayDR
	TAMPA City,	FL 334 State & Zip	,47
	813 951 Daytime T	6 9 8 3	

NOTE: Please provide the original and one copy of the articles.



February 25, 2009

CHRISTI ARCHER 10606 PLANTATION BAY DR TAMPA, FL 33647

SUBJECT: LHC INC

Ref. Number: W09000008869

We have received your document for LHC INC and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

## Adding "of Florida" or "Florida" to the end of a name is not acceptable.

Please list the city, state and zip for the principal address.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6962.

Valerie Herring Regulatory Specialist II New Filing Section

Letter Number: 009A00006553

## In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit) CLOWINGER INC. ARTICLE I NAME The name of the corporation shall be: ARTICLE II PRINCIPAL OFFICE The principal street address and mailing address, if different is: 10606 Plantation Bay Drive, Tampa ARTICLE III PURPOSE The purpose for which the corporation is organized is: Maritime Industry Services The number of shares of stock is: INITIAL OFFICERS AND/OR DIRECTORS List name(s), address(es) and specific title(s): Lonnie Clolinger, Directoe 10606 Plantation Bay DR Tampa, FL 33647 ICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: Christi Archer 10606 Plantation Bay DR 12MPA, FL 33647 The name and address of the Incorporator is: 10606 Plantation Bay DR TAMPA FL 33647 Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, ham familiar with and accept the appointment as registered agent and agree to act in this capacity

ARTICLES OF INCORPORATION