

P10000090504

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

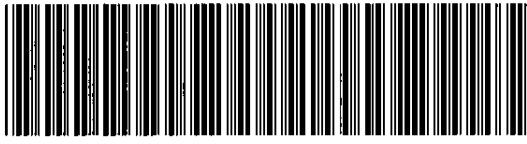
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:  
THOMAS PASCOZZO SR  
AUTHORIZATION BY PHONE TO  
CORRECT add suffix  
DATE PS  
DOC. EXAM.

Office Use Only



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10 NOV - 4 PM 4:38  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

PS 11/8/10

## COVER LETTER

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

**SUBJECT: HUDSON MANAGEMENT GROUP**

(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 Filing Fee  
☒ \$78.75 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: THOMAS D PASCUZZO SR.

Name (Printed or typed)

3704 w. 27th Street

Address

Erie, Pa. 16506

City, State & Zip

814-450-1801

Daytime Telephone number

td@hmg.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:

HUDSON MANAGEMENT GROUP INC.

## ARTICLE II PRINCIPAL OFFICE

Principal street address

14923 DELEON DRIVE  
HUDSON, FL. 34667

Mailing address, if different is:

3704 W. 27th Street  
Erie, Pa. 16506

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Professional Corporation

## ARTICLE IV SHARES

The number of shares of stock is: 2500

## ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Thomas D Pascuzzo Sr.

Address: 14923 Deleon Drive  
Hudson FL, 34667

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

## ARTICLE VI REGISTERED AGENT

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

Name: Thomas D Pascuzzo Sr.  
Address: 14923 Deleon Drive  
Hudson, FL 34667

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Thomas D Pascuzzo Sr.  
Address: 14923 Deleon 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

Required Signature/Registered Agent

10-28-10

Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Required Signature/Incorporator

10-28-10

Date

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA