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(Requestor's Name)			
(Address)			
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PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
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02/25/11--01026--011 **70.00

SECRETARY OF STATE TALLAHASSEE, FLORIDA



COVER LETTER

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

SUBJECT: H. Av. A	• -		
(PROPOSED CORPORED CO	rticles of incorporation and a check for:		
Enclosed are all original and one (1) copy of the a	ruolog of moorpotation and a oneok for.		
\$70.00 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy & Certificate of Status		
	ADDITIONAL COPY REQUIRED		
	MAVIA me (Printed or typed) Ducra Mal Dr Address		
FT. Myers, FL 33908 City, State & Zip			
	239 333 9720 Telephone number		
	1715 @ Comerast, NET sed 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)

The name of the corporation shall be: H. AVIIA	SERVICES INC.	FILED
ÁRTICLE II PRINCIPAL OFFICE		11 FEB 25 PM 5: 38
Principal street address	Ma	iling address, if different is:
Principal <u>street</u> address <u>1725 Duena Mas</u>		Oron.
A inyers, FL 3	<u></u>	TALLAHASSEE FLORIDA
		ZOTIDA
ARTICLE III PURPOSE		
The purpose for which the corporation is organized		
	Personal Busines	៥
ARTICLE IV SHARES		
The number of shares of stock is: 1000		
ARTICLE V INITIAL OFFICERS AND/O	R DIRECTORS	
Name and Title: Hec 700 Av 14 - Pa Address: 4725 Dicera Ma	Name and Title:	
FT Myers , Fe.	330 OP Address:	
Name and Title:	Name and Title	
Address:	Address:	
Name and Title:		
Address:	Address:	
DEIOLE III DECLOREDED ACESTO		
ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NO	T acceptable) of the registered agent is	:
Name: Hector Avi	14	•
	Mcce Or.	
f1, myers, 1	CL. 33908	
ARTICLE VII INCORPORATOR		
he <u>name and address</u> of the Incorporator is:		
Name: HELYON HUITT	Mar Dr	
FT Myes, PC	- 339OP	
laving been named as registered agent to accept se	unios of process for the above stated	
nis certificate, I am familiar with and accept the appo	rvice of process for the above stated ointment as registered agent and agre	corporation at the place designated te to act in this canacity
	` ^	1 1
	3	2/15/11
Required-8ignature/Registo	ered Agent	Date
submit this document and affirm that the facts sto	ated herein are true. I am aware tha	nt the false information submitted in
ocument to the Department of State constitutes a thi	rd degree felony as provided for in s.l	817.155, F.S.
		01.5/