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PICK-UP WAIT MAIL				
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Special Instructions to Filing Officer:				
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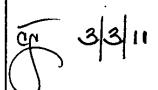
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2011 FEB 28 PH 3: 35



COVER LETTER

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

SUBJECT: Michael P. Hodges, Inc.		
(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	of	
ADDITIONAL COPY REQUIRE		
FROM: Michael P. Hodges Name (Printed or typed)		
10762 SE Federal Hwy	2(<u>:=</u>
Address	=	* S.
Hobe Sound, FL 33455 City, State & Zip	2011 FEB 28	N OF CO
772-546-5555 Daytime Telephone number	PH 33	구도 도타기
	<u>ა:</u> ავ	7
fpamike@aol.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)

	NAME		SEUNETARY OF THE DIVISION OF CORFIGNATION
The name of the corp	poration shall be: Michael P. Hodges,	Inc	privately of Carrings,
ARTICLE II	PRINCIPAL OFFICE		2011 FEB 28 PH 3: 36
<u> </u>	Principal street address	Mailin	g address, if different is:
10	762 SE Federal Hwy	14141111	5 madioss, ir different is.
	be Sound, FL 33455		
			
ARTICLE III P	TRPOSE		
	ch the corporation is organized is:		
To perform any	y business legal and allowable in t	he state of Florida.	
	<u>-</u>		
ARTICLE IV S			
The number of shares	s of stock is: 100		
ARTICLE V I	NITIAL OFFICERS AND/OR DIRECTO	חספ	
	:Michael P. Hodges, President		
Address:	10762 SE Federal Hwy	Address:	
	Hobe Sound, FL 33455		
Nome and Title	n.	Name and Tiste.	
Address:	9;	Name and Title:	
Addicss.			
			
	ð:	Name and Title:	
Address:		Address:	
			
•			
	<u>EGISTERED AGENT</u>		
	la street address (P.O. Box NOT acceptable)		
Name:	Michael P. Hodges		
Address:	10762 SE Federal Hwy		
	Hobe Sound, FL 33455		
ARTICLE VII I	NCORPORATOR		
The name and addre	ess of the Incorporator is:		
Name:	Michael P. Hodges	_	
Address:	10762 SE Federal Hwy Hobe Sound, FL 33455	<u> </u>	
	Hobe Sound, FL 33455	<u> </u>	
Having heen named	as registered agent to accept service of proces	ess for the above stated co	rnoration at the place designated in
this certificate, I am f	aniliar with and accept the appointment as re	egistered agent and agree to	o act in this capacity
, ,	1	6	7 1
	hah q		2/24/11
	Required Signature/Registered Agent		Date
			dur tab tr
I submit this docume	ent and affirm that the facts stated herein a	re true. I am aware that th	he false information submitted in a
document to the Depo	artment of State constitutes of third degree felo	ny as provided for in s.817.	.155, F.S.
	1 1 0		7/21/11
	mh I		2/29/11