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



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11 APR -4 PM 1:29

FLORIDA DEPARTMENT OF STATE

March 24, 2011

JOSEPH R. HOFFMAN 3474 W. WEBSTER PL CITRUS SPRINGS, FL 34433

SUBJECT: HOFFMAN DIVERSIFIED INC.

Ref. Number: W11000016719

We have received your document for HOFFMAN DIVERSIFIED INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

Please complete Article(s) IV (Shares of Stock).

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

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) 245-6949.

Thomas Chang Regulatory Specialist II New Filing Section

Letter Number: 011A00007155



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11 MAR 21 PH 2: 17

FLORIDA DEPARTMENT OF STATE

Division of Corporations ONTSION OF CORPORATIONS

March 8, 2011

JOSEPH R. HOFFMAN 3474 W. WEBSTER PL CITRUS SPRINGS, FL 34433

SUBJECT: HOFFMAN SERVICES INC.

Ref. Number: W11000013234

We have received your document for HOFFMAN SERVICES INC. and your check(s) totaling \$78.75. 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.

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

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) 245-6949.

Thomas Chang Regulatory Specialist II New Filing Section

Letter Number: 911A00005678

COVER LETTER

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

SUBJECT: Hoffman Services Inc.		
(PROPOSED CORPORA	TE NAME – <u>MUST INC</u>	LUDE SUFFIX)
Enclosed are an original and one (1) copy of the artic	cles of incorporation an	nd a check for:
\$70.00 \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of Status
	ADDITIONAL C	OPY REQUIRED
FROM: <mark>Joseph R. Hoffman</mark> Name	(Printed or typed)	······································
3474 W. Webster Pl	Address	
Citrus Springs, FL 3443;	3 State & Zip	
352-465-2707 Daytime Te	elephone number	
capjo2u@att.net 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 The name of the cor	NAME Hoffman Diversing	ied Inc.	
ARTICLE II	PRINCIPAL OFFICE		
	Principal street address	Mailing ad	ldress, if different is:
<u>3</u> .	474 W. Webster Pl		
C	itrus Springs, FL 34433		
_			
To provide a v	PURPOSE nich the corporation is organized is: /ariety of local services for Individ rization, Minor Repairs and Clean	uals and Company's, indiing.	cluding Maintenance of
ARTICLE IV	QUADFQ		
	es of stock is: 100		
	INITIAL OFFICERS AND/OR DIRECT		
Name and Tit	le: Joseph Hoffman, Presisdent	Name and Title:	
Address:	3474 W. Webster Pl	Address:	
	Citrus Springs, FL 34433		
			
Name and Tit	le:	Name and Title:	
Address:		Address:	
			
Name and Tit	le:		
Address:		Address:	
ARTICLE VI	REGISTERED AGENT		
	ida street address (P.O. Box NOT acceptable	e) of the registered agent is:	7.
Name:	Joseph R. Hoffman		
Address:	3474 W. Webster Pl		
•	Citrus Springs, FL 34433		
ADMINIT TO THE			CO 2 In Surveyor
	INCORPORATOR		TIT-4
Name:	ress of the Incorporator is:		
Address:	Joseph R. Hoffman		ES O
Address,	3474 W. Webster Pl		1 9: 15 STATE FLORIDA
	3474 W. Webster Pl Citrus Springs, FL 34433		₽m s
Having been named	l as registered agent to accept service of pro		
this certificate, I am	familiar with and accept the appointment as	registered agent and agree to act	t in this capacity
		_	
	male & Allen		3-4-11
	Required Signature Registered Agent	· <u>· · · · · · · · · · · · · · · · · · </u>	3-4-1/ Date
	•		- Late
I submit this docum	nent and affirm that the facts stated herein	are true. I am aware that the fo	ulse information submitted in a
document to the Dep	partment of State constitutes a third degree fe	lony as provided for in s.817.155	, F.S.
	1 1 21		
/_	out Illian		3-4-11
	Required Signature/Incorporator		Date
	-		