## P110000119

(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:				

Office Use Only



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SECRETARY OF STATE



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## **COVER LETTER**

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

SUBJECT:	HNPC,=	Ihc.
	' (PROPOSED CORPOR	ATE NAME – <u>MUST INCLUDE SUFFIX</u> )
Enclosed are an o	riginal and one (1) copy of the art	ticles of incorporation and a check for:
\$70.00 Filing Fee	Filing Fee & Certificate of Status	\$78.75 \$87.50 Filing Fee Filing Fee, & Certified Copy & Certificate of Status  ADDITIONAL COPY REQUIRED
	X	V /n n  n
FROM:	Nam	MAPOLITANO ne (Printed or typed)
-	16001 Pres	Hon Trail Lay Address
-	•	-L v ( / 4 3 3 5 5 6 ), State & Zip
-	811- 951 Daytime	
<b>35-</b>	ppapay62@Gr	
	E-mail address: (to be use	ed 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 s	hall be: HNPC, INC.			
Princ	PAL OFFICE cipal street address Prostm TVE / With	Mailing ad	ddress, if different is:	···
ARTICLE III PURPOS The purpose for which the co				
Service	e Businasu			
ARTICLE IV SHARES The number of shares of stock	<u>s</u> : is: 201			
Name and Title:	OFFICERS AND/OR DIRECTORS (b) - 1 No politano (priss) 21 Preston M LBY 25 F 1 335 T L			
Name and Title:Address:		Name and Title:Address:		<del></del>
Name and Title: Address:		Name and Title:Address:		
ARTICLE VI REGIST	ERED AGENT			<del></del>
The name and Florida street Name: Address:	address (P.O. Box NOT acceptable) of the character of the stand of the stand of the standard o	he registered agent is:		
ARTICLE VII INCORF	ORATOR		TALE TALE	
The name and address of the				<b>*</b>
	1 choles Majolitha o 001 Pasitin Tr CMJ		TARY G	
Having been named as regis this certificate, I am familian	tered agent to accept solvice of process, with/and accept the appointment as regis	for the above stated corpo tered agent and agree to a	ration at the place designate ct in this capacity	ed in
V	equired Signature Registered Agent	$\overline{\Omega}$	Date	_
I submit this document and document to the Department	affirm that the facts stated herein are l of State constitutes a triffa degree felony	rué. I am aware that the as provided for in s.817.15	false information submitted is, F.S.	in a
Musly	Required Signature Incorporator		-> <u>\{\\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \</u>	