P/1000048808

	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
		MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
	Office Use On	lv.

Ø



.

05/20/11--01014--019 **78.75

ZOIL HAY 20 PH 2: 30



COVER LETTER

Ţ

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

SUBJECT: HLB Graphics, Inc (PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

r

ee, I Copy icate of I RED	
<u> </u>	
2011 HA	
	(and the second
	SECRETARY OF S

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: HLB Graphics, Inc

PRINCIPAL OFFICE ARTICLE II

Principal street address 6554 Longview St Navarre, FL 32566

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Any and all lawful business

ARTICLE IV SHARES

The number of shares of stock is:100

INITIAL OFFICERS AND/OR DIRECTORS ARTICLE V

Name and Ti Address:	6554 Longview St Navarre, FL 32566	Name and Title: Address:	
Name and Ti Address:	i ^{tle} Charlotte Snyder - VP 6554 Longview St Navarre, FL 32566	Name and Title: Address:	
Name and Ti Address:	itle:	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:	Holly Bain
Address:	6554 Longview St
	Navarre El 32566

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name:	Holly Bain
Address:	6554 Longview St
	Navarre, FL 32566

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

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

05-18-11

Date

05-18-11

HAY 20

Pr

Mailing address, if different is: