P/100084687

(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



600212259116

09/26/11--01022--010 **78.75

DIVISION OF CORPORATIONS

95 9/27/11

COVER LETTER

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

SUBJECT: HUNTINGTON HOSPITALITY CONSULTANTS, INC. (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the art	icles of incorporation and a check for:			
\$70.00 Filing Fee & Certificate of Status	\$78.75 \$87.50 Filing Fee Filing Fee, & Certified Copy Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED			
FROM: DAHLIA A. WALKER-HU	INTINGTON e (Printed or typed)			
3480 SW 144 AVENUE	Address			
MIRAMAR, FL 33027 City, State & Zip				
9549638555 Daytime T	Telephone number			
daw1250@aol.com E-mail address: (to be use	d for future annual report notification)			

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION FILED
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit) SECRETARY OF STATE

A DOTOL ES Y	NA METE		DIVISION OF CORPORATIONS
ARTICLE I The name of the co	NAME HUNTINGTON HOSPIT	ALITY CONS	ULTANTS INC. TTSEP 26 AM 11: 45
			11 OE EO AITH 43
ARTICLE II	PRINCIPAL OFFICE	_	
•	Principal street address	ľ	Mailing address, if different is:
	480 SW 144 AVENUE		
7	MIRAMAR, FL 33027		
-			
ARTICLE III	<u>PURPOSE</u>		
	hich the corporation is organized is:		
CONSULTIN	G		
ARTICLE IV			
The number of shar	res of stock is:100	•	
ARTICLE V	INITIAL OFFICERS AND/OR DIRECTOR	· c	
Name and Ti	tle:GLENVILLE R. HUNTINGTON	Name and Title:	
Address:	3480 SW 144 AVENUE	Address:	
	MIRAMAR, FL 33027		
	PRESIDENT		
Name and Ti	tle: DAHLIA WALKER-HUNTINGTON	_ Name and Title:	
Address:	3480 SW 144 AVENUE	_ Address:	
	MIRAMAR, FL 33027 VICE PRESIDENT/SECRETARY	_	
	VICE PRESIDENT/SECRETART	-	
Name and Ti	tle:	Name and Title:	
Address:		Address:	
			
ARTICLE VI	REGISTERED AGENT		
	rida street address (P.O. Box NOT acceptable) of	the registered agen	nt is:
Name:	DAHLIA WALKER-HUNTINGTON, ES		
Address:	3325 HOLLYWOOD BLVD, #206	_	
	HOLLYWOOD, FL 33021	-	
A DAVOL D LITT	INCORPOR 4 COR		
	INCORPORATOR ress of the Incorporator is:		
Name:	DAHLIA WALKER-HUNTINGTON		
Address:	3325 HOLLYWOOD BLVD, #206	-	
rudiess.	HOLLYWOOD, FL 33021	_	
		_	
	ed as registered agent to accept service of process		
_	n familiar with and accept the appointment as reg	istered agent and a	gree to act in this capacity
Polition	Walker- Am hiphen		9/1/11
annu			7/24//
	Required Signature/Registered Agent		Date
I submit this docu	ment and affirm that the facts stated herein are	true. I am aware	that the false information submitted in
	epartment of State constitutes a third degree felong		
^			0/2-/
Nahlio .	Required Signature Incorporator		4/22/1/
<u> </u>	Required Signature Incorporator	· · · · · ·	Date