P110000084938

(Requestor's Name)		
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PICK-UP WAIT MAIL		
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WH 38899		

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SECREIARY 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: HUFF CARBIDE TOOL, INC.				
(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)				
Enclosed are an original and one (1) copy of the artic	eles of incorporation and a check for:			
\$70.00 Filing Fee & Certificate of Status	\$78.75 \$87.50 Filing Fee & Certified Copy Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED			
FROM: N. Michael Kouskoutis, P.A., Attn: Joni L. Buscema Name (Printed or typed)				
623 E. Tarpon Avenue				
Tarpon Springs, FL 34689 City, State & Zip				
727-942-3631 Daytime Telephone number				
joni@nmklaw.com E-mail address: (to be used for future annual report notification)				

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



Law Offices N. MICHAEL KOUSKOUTIS, P.A.



623 East Tarpon Avenue Tarpon Springs, FL 34689 Ph: 727-942-3631 Fax: 727-937-5453

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

In re: Huff Carbide Tool, Inc. Document No. 843669

Federal ID No.381678182

Dear Ladies/Gentlemen:

I hereby request that you do not reinstate the corporation set forth above, and I have no intention of reinstating said corporation. You will find enclosed a check payable to the Florida Dept. of State in the amount of \$78.75 to cover the cost of filing a new corporation.

The new corporation is named Huff Carbide Tool, Inc. as set forth in the Articles of Incorporation for a Florida Corporation attached hereto and part therof.

If you have any questions or concerns, please contact Joni Buscema at N. Michael Kouskoutis, P.A. at the address above.

Sincerely,

HUFF CARBIDE TOOL, INC.



September 7, 2011

N. MICHAEL KOUSKOUTIS, P.A. 623 E. TARPON AVENUE TARPON SPRINGS, FL 34689

SUBJECT: HUFF CARBIDE TOOL, INC.

Ref. Number: W11000038899

We have received your document for HUFF CARBIDE TOOL, 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.

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.

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) 245-6962.

Valerie Herring Regulatory Specialist II New Filing Section

Letter Number: 311A00017504

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



ARTICLE I The name of the	NAME HUFF CARBIDE TOOL	_, INC.	11 SEP 27 PH 1: 5
ARTICLE II	PRINCIPAL OFFICE		OF ODE THINK AND DEATH
	Principal street address		Mailing address, if SECRETARY OF STATE
	6541 Industrial Avenue	same	TALLATAGGE, FLURIU
	Port Richey, FL 34668		
ARTICLE III	PURPOSE		
The purpose for Business	r which the corporation is organized is:		
ARTICLE IV	SHARES		
	hares of stock is:100		
	INITIAL OFFICERS AND/OR DIRECTOR		
Name and	Title: Craig W. Peterson, President/Directo		e:
Address:	6541 Industrial Avenue		
	Port Richey, FL 34668	_	
Name and	Title: Ryann L. Huff, VP: Director		
Address:	9277 Lake Cypross Leep		INVICE ROLLA . No
	Weeki Wachee, Ft. 34613		Spring Hill, FL 34609
Name and	Title: Traci Peterson Miller, S/T	Name and Titl	e·
Address:	6541 Industrial Avenue		<u>. </u>
	Port Richey, FL 34668		
ADTICL E IT	DEGLEGEDED ACIDAM	_	
	<u>REGISTERED AGENT</u> <u>Florida street address</u> (P.O. Box NOT acceptable) o	of the registered ag	ent is:
Name:	Ryann L. Huff	i die registered ag	cit is.
Address:	9277 Lake Gyerese Leon 141	45 Bruni	Ar.
	Weeki Washee, FL 34613 Sp	sting Hill,	FL 34609
ARTICLE VII		Ū	
	ddress of the Incorporator is:		
Name: Address:	N_Michael Kouskoutis, P.A	_	
Audress:	623 E. Tarpon Avenue Tarpon Springs, FL 34689		
Having been na	med as registered agent to accept service of proces	= ss for the above si	tated corporation at the place designated in
this certificate, I	am familiar with and accept the appointment as reg	gistered agent and	agree to act in this capacity
1000	\mathcal{L}_{1}		$\mathbf{n}[a]$.
4uy	Required Signature/Registered Agent		Date
I submit this do	cument and affirm that the facts stated herein are	true. I am awar	e that the false information submitted in a
document to the	Department of State constitutes a third degree felon	y as provided for i	in s.817.155, F.S.
MU	Required Signature/Incorporator		
X	required Digitality Incorporator		Date