P11000096923

		•		
(Re	equestor's Name)	·		
(Ac	idress)			
(Ac	ldress)			
(Ci	ty/State/Zip/Phone	e #)		
	☐ WAIT	MAIL		
	••••			
(Bu	siness Entity Nar	ne)		
(Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				
		·		
	Office Use On	ly ·		



400213870514

1,1/07/11--01046--024 **78.75

SECRITATION STATE

T. Burch NOV 8 2011

COVER LETTER

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

SUBJECT: GuideHook, Inc.	
(PROPOSED CORPORA	TE NAME – <u>MUST INCLUDE SUFFIX</u>)
Enclosed are an original and one (1) copy of the artic	cles of incorporation and a check for:
\$70.00 Filing Fee & Certificate of Status	\$78.75 \$87.50 Filing Fee Filing Fee, & Certified Copy & Certificate of Status
	ADDITIONAL COPY REQUIRED
FROM: James Jimenez Name	(Printed or typed)
4203 Crosswinds Dr	
A	Address
Niceville, FL 32583	State & Zip
850-450-4298 Daytime Te	elephone number
jimmyjams4110@aol.con E-mail address: (to be used	n I 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)

The name of the corp	GuideHook, Inc.		
ARTICLE II	PRINCIPAL OFFICE		
	Principal street address	Mailing addr	ess, if different is:
73	8 Prestwick Dr		Dr
	ceville, FL 32578		
_			
ARTICLE III P The purpose for whi To develop and	URPOSE ch the corporation is organized is: d provide internet services regard	ing the fishing industry.	
ARTICLE IV S			
The number of shares	s of stock is: 1,000		e m
ADMINITOR IT I	MTMAL OFFICERS AND OR DIRECT	OBC	
	<u>MITIAL OFFICERS AND/OR DIRECTO</u> ::James Jimenez - President		F 47.4
Address:	4203 Crosswinds Dr		As transmitted a
Addicas.	Milton, FL 32583	Addless.	
	<u> </u>		
Name and Title	:Diane Minks - Vice President		
Address:	738 Prestwick Dr	Address:	
	Niceville, FL 32578	<u> </u>	
			
Name and Title	e:	Name and Title:	
Address:			
ADDIOLD III D	PAICARDED ACRES		
	EGISTERED AGENT da street address (P.O. Box NOT acceptable)	a Caba analatanad a sant is.	
Name:	James Jimenez) of the registered agent is:	
Address:	4203 Crosswinds Dr		
1 1441 4551	Milton, FL 32583		
	,	 .	
	NCORPORATOR		
	ess of the Incorporator is:		
Name:	James Jimenez	<u></u>	
Address:	4203 Crosswinds Dr		
	Milton, FL 32583		
Having been named this certificate, I am	as registered agent to accept service of proc Camiliar with and accept the appointment as t	cess for the above stated corporat registered agent and agree to act in	ion at the place designated in n this capacity
(MH			10/24/11
77	Required Signature/Registered Agent		Date
			27 0000
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 Ponstitutes a third degree felony as provided for in s.817.155, F.S.			
accument to the Dep	uriment of state ponstitutes a thira degree fel	ony as proviaea jor in s.817.155, i	r. J.
1/1/10	Tolen!		· lack
	Paguired Signature/Imagementar		10/26/11