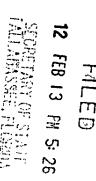
## P12000015326

| (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: |  |
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800220355808





## **COVER LETTER**

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

| SUBJECT: H : H PRO Systems, Inc.  |  |  |
|---|--|--|
| (PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)   |  |  |
| Enclosed are an original and one (1) copy of the articles of incorporation and a check for: |  |  |
| \$70.00 \$78.75 Filing Fee & Certificate of Status  | \$78.75 \$87.50 Filing Fee  & Certified Copy Certificate of Status |  |
|   | ADDITIONAL COPY REQUIRED   |  |
|   |  |  |
| FROM: 5 ames N. Soell<br>Name (Printed or typed)  |  |  |
| 517 Mooney  | RdN.W.   |  |
| Fort Walton Beach FL. 32547<br>City, State & Zip  |  |  |
| 850- (alo4-0) Daytime Te  | 8 Q<br>elephone number   |  |
| E-Mail address: to be used  | 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 shall be:  | Pro Systems, Inc.   |
|--|---|
| Principal office  Principal street address  517 Mooney Rd N.W.  FDRT Walton Beach, Ed.  32:  | Mailing address, if different is:  Destin Fl. 32548                 |
| ARTICLE III PURPOSE  The purpose for which the corporation is organized is:  |   |
| For conducting busin<br>holder and other Su  | ress on a hitch mounted   |
| ARTICLE IV SHARES The number of shares of stock is:  | _   |
| Name and Title: Sames N. Snell Address: P.O.Box 1816 Destin PC 32540   | Name and Title:   |
| Name and Title: Address:   | Address:  |
| Name and Title:Address:  | Name and Title:  Address:   |
| ARTICLE VI REGISTERED AGENT  The name and Florida street address (P.O. Box NOT accept Name:  Address:  517 Money Range Flavour France F |   |
| ARTICLE VII INCORPORATOR   | -   |
| The name and address of the Incorporator is:  Name:  Address:  Some D. Sore D.  Sore | 1<br>30547  |
| Having been named as registered agent to accept service of this certificate, I am familiar with and accept the appointment of the service of  |   |
| Required Signature/Registered Ag   | gent Date   |
|  | rein are true. I am aware that the false information submitted in a |