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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : TRIAD PROFESSIONAL SERVICES, LLC

Account Number: I20020000094 Phone : (770)777-2091 : (770)220-1943 Fax Number

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:		

FLORIDA PROFIT/NON PROFIT CORPORATION Hollywood 2305, Inc.

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COVER LETTER

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



SUBJECT: Hollywood 2305, 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

Filing Fee

& Certificate of Status

\$78.75

\$87.50

Filing Fee

Filing Fee,

& Certified Copy

Certified Copy & Certificate of

Status

ADDITIONAL COPY REQUIRED

ROM:	Elissa Hart - Smith, Gambrell & Russell, LLP			
	Name (Printed or typed)			
	1230 Peachtree St., Suite 3100			
	Address			
	Atlanta, GA 30309			
	City, State & Zip			
	404-815-3500.			
	Daytime Telephone number			
(ehart@sgrlaw.com			
-	H-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 The name of the c	NAME orporation shall be: Hollywood 2305, Inc.		
ARTICLE II	PRINCIPAL OFFICE Principal street address 1230 Peachtree St. Suite 3100 Atlanta, GA 30309		Mailing address, if different is:
ARTICLE III The purpose for v	PURPOSE which the corporation is organized is:		12 HMR 20
ARTICLE IV The number of sh	ares of stock is: 1,000 shares of commo	•	ar value
ARTICLE V			A 18 1 - 4 M 8
	Title: Hans Dieter Baumtrog - President/Treasurer		
Address:	1230 Peachtree St.	Address:	1230 Peachtree St.
	Suite 3100		Suite 3100
	Atlanta, GA 30309		Atlanta, GA 30309
	The Calculate Baseline Biometers		
	Title: Gabriela Baumtrog - Director	Name and Title	
Address:	1230 Peachtree St.	Address:	
	Suite 3100		
	Atlanta, GA 30309		
	Title:	Name and Title	
Address:		Address:	
		 -	
ADDICT P III	REGISTERED AGENT		
	Inrida street address (P.O. Box NOT acceptable)	or the registered age	erit is:
Name:	NRAI Services, Inc.	- -	
Address:	515 East Park Avenue		
	Tallahassee, FL 32301		
ADDICE P TOT	INCOURAGE A TAND		
ARTICLE VII			
	Idress of the Incorporator is:		
Name:	Simone von Werden Kraus		
Address:	1230 Penchtree St., Suite 3100		•
	Atlanta, GA 30309		
Having been nar this certificate, I o NRAI Service	ned as registered agent to accept service of proc orn familiar with and decept the appointment as r	ess for the above st egistered agent and	ated corporation at the place designated in agree to act in this capacity
NICAL SULVICE	The all lacer	\wedge	3/20/12
	The state of the s		
,	Required Signature/Registered Agent	J	Date
	cument and affirm that the facts stated herein a Department of State constitutes a third degree fel		
	· - 110 A L/ -		0/00/40
Singn	e de Werly Krus		3/20/12
$\overline{}$	Required Signature/Incorporator		Date