

P120000049675

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

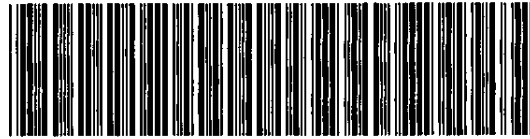
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



600235562716

05/29/12--01025--001 \*\*70.00

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
12 MAY 29 PM 12: 34

5/30  
J

**COVER LETTER**

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

**SUBJECT: Hugh Martin Home 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 Filing Fee  
 \$78.75 Filing Fee & Certificate of Status

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
<b>ADDITIONAL COPY REQUIRED</b>	

FROM: Hugh C. Martin  
Name (Printed or typed)

234 Goldenrain dr.  
Address

Celebration, fl 34747  
City, State & Zip

386-383-2909  
Daytime Telephone number

hughmartinhome@yahoo.com  
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**

Hugh Martin Home Inc.

The name of the corporation shall be:

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
234 goldenrain dr.  
Celebration, fl 34747

Mailing address, if different is:  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:  
Retail store

**ARTICLE IV SHARES**

The number of shares of stock is: 100

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Hugh C. Martin-President  
Address: 234 Goldenrain dr.  
Celebration, fl 34747

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

Name and Title: Sutlak Martin-secretary  
Address: 234 goldenrain dr.  
Celebration, fl 3474

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Hugh C. Martin  
Address: 234 Goldenrain dr.  
Celebration, fl 34747

12 MAY 29 PM 12: 34  
FLORIDA  
SECRETARY OF STATE  
CORPORATIONS

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Hugh C. Martin  
Address: 234 goldenrain dr.  
Celebration, fl 34747

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

*Hugh C. Martin*

Required Signature/Registered Agent

5/24/12  
Date

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 constitutes a third degree felony as provided for in s.817.155, F.S.

*Hugh C. Martin*

Required Signature/Incorporator

5/24/12  
Date