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## **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 – <u>MUST INCLUDE SUFFIX</u> )				
Enclosed are an original and one (1) copy of the articles 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			
·	· · · · · · · · · · · · · · · · · · ·			
FROм: Hugh C. Martin				
Name (Printed or typed)				
234 Goldenrain dr.	• 11			
Address				
Celebration, fl 34747				
City	, State & Lip			
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)

The name of the co	Hugh Martin Home Inc	•	
ARTICLE II	PRINCIPAL OFFICE Principal street address	Mailing address	a if different in
2	234 goldenrain dr.	Mailing addres	s, if different is:
	Celebration, fl 34747		
-			
ARTICLE III	DUDDOSE		
	hich the corporation is organized is:		
Retail store	men the corporation is organized is.		
ARTICLE IV	SHARES		
The number of shar	res of stock is:100		
4 Derical B. II			
	INITIAL OFFICERS AND/OR DIRECTO		
Address:	itle: Hugh C. Martin-President 234 Goldenrain dr.		<del></del>
Addi Cas.	Celebration fl 34747		
	Deletinition, II (1979)	<del>-</del>	
	tle: Sutilak Martin-secratary	Name and Title:	
Address:	234 goldenrain dr.	Address:	
	Celebration, fl 3474		
		<del></del>	
Name and Ti	tle:	Name and Title:	
Address:		Address:	
			.5
ARTICLE VI	REGISTERED AGENT		10 m
	rida street address (P.O. Box NOT acceptable)	of the registered agent is:	
Name:	Hugh C. Martin		No State
Address:	234 Goldenrain dr	<u> </u>	9 55
	Celebration, fl.34747	<del></del>	
APTICLE VII	INCORPORATOR		
	iress of the Incorporator is:		
Name:	Hugh C. Martin		<u>ම</u> වූත
Address:	234 goldenrain dr.	<del></del>	R. P. S.
	Celebration, fl 34747		
	·		
	ed as registered agent to accept service of proce		
inis certificate, 1 pr	n familiar with and accept the appointment as re	gistered agent and agree to act in	this capacity
	and (Ma)		-1511/1
	Wh June		5/20//2 Date/
-	Required Signature/Registered Agent		/ Date/
I submit this docu	ment and affirm that the facts stated herein ar	e true. I am aware that the false	information submitted in a
document to the De	epartment of State constitutes a third degree felo	ny as provided for in s.817.155, F.	S
1//		· · · · · · · · · · · · · · · · · ·	=/21/12
R/A	$dy = 0 \times 10^{-1}$		~ lou lo