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05/30/12--01027--002 **78.75

FILED 12 MAY 30 PH 3: 55 SECRETARY OF STATE TALLAH/SSEE, FLORING

T. Burch MAY 3 1 2012

COVER LETTER

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

SUBJECT: HIBERNI HOLDINGS, 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

Filing Fee & Certificate of Status

\$78.75

\$78.75	\$87.50
Filing Fee	Filing Fee,
& Certified Copy	Certified Copy
	& Certificate of
	Status
ADDITIONAL CO	OPY REQUIRED

FROM: HIBERNI HOLDINGS, INC.

Name (Printed or typed)

9191 R. G. SKINNER P AY SUITE 501 Address

JACKSONVILLE, FLORIDA 32256 City, State & Zip

904-236-6423

Daytime Telephone number

hib9191@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 HIBERNI HOLDINGS, I The name of the corporation shall be:	INC
ARTICLE II PRINCIPAL OFFICE Principal <u>street</u> address 9191 R. G. SKINNER PARKWAY SUITE 501 JACKSONVILLE, FLORIDA 32256	Mailing address, if different is:
JACKSONVIELE, FLOMIDA 52230	
ARTICLE III PURPOSE The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS.	12 SEC
	FIL FIL ECRE LARY ALLAHASSE
ARTICLE IV SHARES The number of shares of stock is5,000,000	PR ED
ARTICLE V INITIAL OFFICERS AND/OR DIRECTOR	ନୁ≓ୁ ୟ <u>RS</u> = ସ
Name and Title: DANIEL R MURPHY- CHAIRMAN/CEC Address: <u>9191 R. S. SKINNER PARKWAY</u> SUITE 501 JACKSONVILLE, FLORIDA_3225	O Name and Title: Address:
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 acceptable) of Name: DYER WIGGINS Address: 9191 R G Skinner Parkway Ste 5	
Jacksonville, Florida_32256	
ARTICLE VII INCORPORATOR	
The <u>name and address</u> of the Incorporator is: Name: <u>Daniel R. Murphy</u>	
Address: 9191 R G Skinner Pkwy Ste 501 Jacksonville, Florida 32256	
Having been named as registered agent to accept service of proces this certificate, I am familiar with and accept the appointment as reg	
NI INA	
11 the sola	5/29/201

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.

-Required Signature/Incorporator

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