Electronic Filing Cover Sheet

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(((H120002697203)))



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To:

Division of Corporations

Account Name : SWART BAUPHO...
Account Number : I20000000291
Phone : (407)847-7466
Fax Number : (407)847-6641

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

DOMESTICATION

Hanna Associates Search, Inc.

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$120.00

Electronic Filing Menu

Corporate Filing Menu

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COVER LETTER

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

SUBJECT:	Hanna Associates, Inc.
Enclosed is an	original and one (1) copy of the Certificate of Domestication and a check for
FEES:	
Certifi	cate of Domestication \$ 50.00
Article	es of Incorporation and Certified Copy \$ 78.75
Total 1	to domesticate and file \$128.75
	Candy McDonah
	Name (printed or typed)
	Swart Baumruk & Company, 1101 Miranda Lane
	Address
	Kissimmee, FL 34741
	City, State & Zip
	407-847-7466
	Daytime Telephone Number
	taxes @sbc-cpa.com
	E-mail address: (to be used for future annual report notification)

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FILED

12 NOV 13 AM 10: 24

CERTIFICATE OF DOMESTICATION

SECRETARY OF STATE TALLAHASSEE FEGRIDA The undersigned, Mark Szerzinski (Name) (Title) Hanna Associates, Inc. a foreign corporation, (Corporation Name) in accordance with s. 607.1801, Florida Statutes, does hereby certify: 1. The date on which corporation was first formed was _______ May 21 _______, 1997 2. The jurisdiction where the above named corporation was first formed, incorporated, or otherwise came into being was State of Illinois 3. The name of the corporation immediately prior to the filing of this Certificate of Domestication was Hanna Associates, Inc. 4. The name of the corporation, as set forth in its articles of incorporation, to be filed pursuant to s. 607.0202 and 607.0401 with this certificate is Hanna Associates Search, Inc. 5. The jurisdiction that constituted the seat, siege social, or principal place of business or central administration of the corporation, or any other equivalent jurisdiction under applicable law, immediately before the filing of the Certificate of Domestication was State of Illinois 6. Attached are Florida articles of incorporation to complete the domestication requirements pursuant to s. 607.1801. I am Secretary , of Hanna Associates Search, Inc. and am authorized to sign this Certificate of Domestication on behalf of the corporation and have done so this the 9th day of _

Filing Fee:

Certificate of Domestication Articles of Incorporation and Certified Copy Total to domesticate and file

\$ 50.00

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ARTICLES OF INCORPORATION

IN COMPLIANCE WITH CHAPTER 607, F.S.

FILED 12 NOV 13 AH 10: 24 SECRETARY OF STATE TALLAHASSEE, FLORIDA

ARTICLE I NAME

THE NAME OF THE CORPORATION SHALL BE:

Hanna Associates Search, Inc.

ARTICLE II PRINCIPAL OFFICE

THE PRINCIPAL PLACE OF BUSINESS/MAILING ADDRESS IS:

1280 Grady Lane

Champions Gate, FL 33896-5333

ARTICLE III PURPOSE

THE PURPOSE FOR WHICH THE CORPORATION IS ORGANIZED:

Any and All Lawful Business

ARTICLE IV SHARES

THE NUMBER OF SHARES OF STOCK IS:

30,000

ARTICLE V INITIAL DIRECTORS AND/ OR OFFICERS

THE NAME(S) AND ADDRESS(ES) AND SPECIFIC TITLES:

President, Director

Patricia Szerzinski

1280 Grady Lane

Champions Gate, FL 33896

Secretary, Director

Mark Szerzinski

1280 Grady Lane

Champions Gate, FL 33896 Champions Gate, FL 33896

Vice President

Alex Szerzinski

1280 Grady Lane

Vice President

Nick Szerzinski 1280 Grady Lane

Champions Gate, FL 33896

INITIAL REGISTERED AGENT AND STREET ADDRESS

THE NAME AND FLORIDA STREET ADDRESS (P.O. DOX NOT ACCEPTABLE) OF THE REGISTERED AGENT IS:

Mark Szerzinski

1280 Grady Lane

Champions Gate, FL 33896

ARTICLE VII INCORPORATOR

THE NAME AND ADDRESS OF THE INCORPORATOR IS:

H. Edward McLeod, CPA

1101 Miranda Lane

Kissimmee, FL 34741

*************	***********
HAVING BEEN NAMED AS REGISTERED AGENT AND TO AC	CEPT SERVICE OF PROCESS FOR THE ABOVE
STATED CORPORATION AT THE PLACE DESIGNATED IN TH	IS CERTIFICATE, I AM FAMILIAR WITH AND
ACCEPT THE APPOINTMENT AS REGISTERED/AGENT AND A	AGREE TO ACT IN THIS CAPACITY.
Mach Drewnshi Signeture/Registeres/Agent	11/9/12
Signature/Registered/Agent/	Date

11/9/12

Date