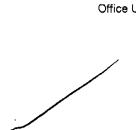
## P13000017458

(Requestor's Name)				
(Address)				
(Address)				
(Cit	ry/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





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SUFFICIENCY OF FILMS

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## **COVER LETTER**

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

SUBJECT: The	H Corpara	ition of Jo ATE NAME - MUST INCL	icksonville
	(PRÖPÖSEÐ CÖRÞORA	ATE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an original	and one (1) copy of the ar	ticles of incorporation and	l a check for:
Filing Fee F	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of Status
		ADDITIONAL CO	PY REQUIRED
from:A	nthony Hunt	(D: (1)	
	2:0. Box 59	01543	
	_	Address	
	Jacksonville Fl	. 32255	
	*		
`	904-4	24-3460	
<del>- , </del>	Daytime '	Telephone number	
	thurt 57	o a Lomast. no	2+
- <del></del>	E-mail address: (to be us	ed 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 NA The name of the corpor	ME ation shall be: The H Corpora	ition of	Jacksonville, Inc.
ARTICLE II PR	INCIPAL OFFICE Principal street address SEL Saymondows Cd. Dacksonville Fl. 3 1756	P.O.	Mailing address, if different is:
	RPOSE		
	the corporation is organized is:		
Anyco	nd all lawful busine	SS	
ARTICLE IV SH The number of shares o	ARES f stock is: 100		
ARTICLE V IN Name and Title: Address:	Elauis J. Hunt/President 1716 Leith Dr. Jacksonville, Fl. 32208	Name and Title Address:	Arthony Hunt Treasurer 9536 Princeton Quare blod S. Tacksonville, 171. 32256
Name and Title: Address:	Paboren Gandy Secretary 1576 Princeton square blvd. S Jacksonville, Fl. 32266	Name and Title	
Name and Title:_Address:		Name and Title Address:	
ARTICLE VI RE	GISTERED AGENT		
The <u>name and Florida</u> Name: Address: らいる	Anthony tunt  Anthony tunt  Thington quare blad. 5  Jacksanville, Fl. 37756  CORPORATOR  s of the Incorporator is:	the registered ag	Effective Date: 2/18/13
Having begn named a	Socksonville, Fl. 32256 s registered agent to accept service of process miliar with and accept the appointment as reg		
I submit this documen	Required Signature/Registered Agent at and affirm that the facts stated herein are	true. I am awar	Date  Date  that the false information submitted in a
	Required Signature/Incorporator		