P13000029973

| (Re | equestor's Name) | |
|-------------------------|--------------------|-----------|
| (Ad | ldress) | |
| (Ac | ldress) | |
| (Cir | ty/State/Zip/Phone | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | ısiness Entity Nan | ne) |
| (Do | ocument Number) | |
| Certified Copies | _ Certificates | of Status |
| Special Instructions to | Filing Officer: | |
| | | |
| | | |
| | | |
| | | |

Office Use Only

W13-13043



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2013 APR - 1 PM 1: 47

FLORIDA DEPARTMENT OF STATE Division of Corporations FALLAHASSEE, FLORIDA

March 5, 2013

CHARLES PARE 2219 POLK ST., APP 3A HOLLYWOOD, FL 33020

SUBJECT: CHP ENTERPRISE HWD INC

Ref. Number: W13000013043

We have received your document for CHP ENTERPRISE HWD INC and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Abbreviation of the City Name in the addresses lated is not acceptable. Please list the City Name in its entirety.

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Thomas Chang Regulatory Specialist II New Filing Section

Letter Number: 613A00005167

COVER LETTER

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

| SUBJECT: | 1 . 2 / | RPRISE | HWO |
|----------------------|--|--|---|
| | (PROPOSED CORPORA | TE NAME – <u>MUST INCL</u> | UDE SUFFIX) |
| Enclosed are an orig | ginal and one (1) copy of the art | icles of incorporation and | d a check for: |
| \$70.00 Filing Fee | \$78.75 Filing Fee & Certificate of Status | \$78.75 Filing Fee & Certified Copy ADDITIONAL CO | \$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED |
| FROM: | . ^ | PARE (Printed or typed) | |
| | 2219 POLK HOLLYWOOD, | Address | 020 |
| | 954.55 | State & Zip B - 1746 E Gelephone number | |
| | Charles Pa | | hoo. Com |

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 II PI 22/9 OLLYUUMO F | Principal street address Polu ST Aff3A Algy/A33020 | M: | ailing address, if diffe | rent is: |
|---|---|---|--------------------------|---------------------------------|
| ARTICLE III PUT The purpose for which | RPOSE a the corporation is organized is: | INTENANC | rE | |
| | | |) | 温 |
| | | | | PR - |
| | | | | |
| ARTICLE IV SI | IARES Of stock is: 1000 | | | 2:28 STATE STATE STATE |
| The number of shares | of stock is: / / / / / / / / / / / / / / / / / / / | RS Name and Title: | PRESID | 28 FATE BRIDA |
| The number of shares | TTIAL OFFICERS AND/OR DIRECTOR THE CHARLES PARE 2219 POLK ST | Name and Title:Address: | | 28 FATE BRIDA |
| The number of shares ARTICLE V IN Name and Ti | of stock is: / OOO ITTIAL OFFICERS AND/OR DIRECTO tle: CHARLES PARE | Name and Title:Address: | | 28 FATE BRIDA |
| The number of shares ARTICLE V IN Name and Ti Address | TITIAL OFFICERS AND/OR DIRECTOR THE CHARLES PARE 2219 POLK ST APP 3A HOLCYMA | Name and Title: Address: | (D) | EUT. |
| The number of shares ARTICLE V IN Name and Ti Address | TTIAL OFFICERS AND/OR DIRECTOR THE CHARLES PARE 2219 POLK ST APP 3A HOLLYMA 33020 | Name and Title: Address: Address: Name and Title: | (D) | EUT. |
| The number of shares ARTICLE V IN Name and Ti Address Name and Tit | TTIAL OFFICERS AND/OR DIRECTOR THE CHARLES PARE 2219 POLK ST APP 3A HOLLYMA 33020 | Name and Title: Address: Address: Name and Title: | (D) | EUT. |
| The number of shares ARTICLE V IN Name and Ti Address Name and Tit Address | TTIAL OFFICERS AND/OR DIRECTOR THE CHARLES PARE 2219 POLK ST APP 3A HOLLYMA 33020 | Name and Title: Address: Name and Title: Name and Title: Address: | <i>20</i> - | EUT. |

| Name and | Title: | Name and Title: | | | |
|------------------------|---|--------------------------|--|---------------|------------------------|
| Address | | Address: | | | |
| ARTICLE VI | REGISTERED AGENT | | | | |
| The <u>name and Fl</u> | orida street address (P.O. Box NOT acceptable) of | the registered agent is: | | | |
| Name: | CHARLES PARE | | | | |
| Address: | 2219 POLK ST APP | P3A | | | |
| | HOLLYWOOD FIXOKIDA | 1, 33020 | 3 200 | | |
| | <i>y</i> | | <u>现</u> 代。 图像 | ယ >== | ernejan. |
| ARTICLE VII | INCORPORATOR | , | | APR | 5 £ |
| The <u>name and ad</u> | dress of the Incorporator is: | | | | 7-34-01-7 1-34-01-7 |
| Name: | CHAPLES PARÉ | | 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1 | PH | S. Carrier |
| Address: | HOLLYWOOD, FLORIDA | 3 <i>P</i> | STATE | 2: 2 : | CIACON . |
| | HOLLYWOOD, FLORIDA | 33020 | A | æ | |
| | ed as registered agent to accept service of process m familiar with and accept the appointment as reg | | | | ted in |
| chall | is face | | \$\frac{27}{27} | 120. | 13 |
| <i></i> | Required Signature/Registered Agent | | / Dat | E | |
| | ument and affirm that the facts stated herein are to Department of State constitutes a third degree felony | | | ubmitte | d in a |
| (pa | Required Signature/Incorporator | | 2/27 | // ate | <u>3</u> |