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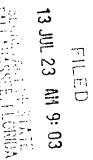
(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
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(Business Entity Name)
(Document Number)
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Special Instructions to Filing Officer:

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07/23/13--01006--008 **78.75



COVER LETTER

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

SUBJECT: HUCISON INC. (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)								
Enclosed are an original and one (1) copy of the	articles of incorporation and	d a check for:	ı					
Filing Fee \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	& Certificate of Status	=					
	ADDITIONAL CO	DPY REQUIRED						
P-0. box 1 Stacke, F 352-745- Daytim		notification)	13 JUL 23 AM 9: 03	FILED				

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)

ICLE II P	RINCIPAL OFFICE				
	Principal street address		Mailing address, if different is:		
ol mª	Dougard Lane		0.0. box 1104		
tarke,	F1 32091	Sta	rke , E	1 3200	9/
					
ICLE III P	URPOSE) O = 0			1
	ch the corporation is organized is: Prope	-		M . C	rear
it Ser	vices				
					····-
icle iv s	HARES			⊼	
TCLE IV Soumber of shares	HARES of stock is: / O 0			E	13
TCLE IV S	HARES Of stock is:			Ro Ro	
number of shares	of stock is: / O 0	rs		F20 F20 F20 F20 F20 F20 F20 F20 F20 F20	III.
number of shares	of stock is: / O 0 NITIAL OFFICERS AND/OR DIRECTO				JUL 23
TICLE V II Name and T	nitial officers and/or directo	Name and Title	:		JUL 23 AM
TICLE V II Name and T	of stock is: / O 0 NITIAL OFFICERS AND/OR DIRECTO	Name and Title	:		JUL 23 AM 9:
TICLE V II Name and T	of stock is: / 00 NITIAL OFFICERS AND/OR DIRECTO Sitle: Ahmad Hudson/OL P.O. Box 1/04	Name and Title Address:	:	TATLABASSEELFLORDA	JUL 23 AM
TICLE V II Name and T	nitial officers and/or directo	Name and Title Address:	:	TAT LABASSEE, FLORIDA	JUL 23 AM 9:
TICLE V II Name and T	of stock is: / 00 NITIAL OFFICERS AND/OR DIRECTO Sitle: Ahmad Hudson/OL P.O. Box 1/04	Name and Title Address:	:	TATE ATTAINS SEE, FLORIDA	JUL 23 AM 9:
Name and T Address	of stock is: /OO NITIAL OFFICERS AND/OR DIRECTO Title: Ahmad Hudson/OH P.O. Box 1/04 Starke, F-1 32091	Address:		LAHASSEE, FLORIDA	JUL 23 AN 9: 03
Name and T Address	NITIAL OFFICERS AND/OR DIRECTO Sitle: Ahmad Hudson/OL P.O. Box 1/04 Stacke, F-1 32091	Address: Name and Title Address: Name and Title		LAHASSEE, FLORIDA	JUL 23 AN 9: 03
Name and T Address	of stock is: /OO NITIAL OFFICERS AND/OR DIRECTO Title: Ahmad Hudson/OH P.O. Box 1/04 Starke, F-1 32091	Address: Name and Title Address: Name and Title		LAHASSEE, FLORIDA	JUL 23 AM 9: 03
Name and Ti	NITIAL OFFICERS AND/OR DIRECTO Sitle: Ahmad Hudson/OL P.O. Box 1/04 Stacke, F-1 32091	Address: Name and Title Address: Name and Title		LAHASSEE, FLORIDA	JUL 23 AN 9: 03
Name and Ti	NITIAL OFFICERS AND/OR DIRECTO Sitle: Ahmad Hudson/OL P.O. Box 1/04 Stacke, F-1 32091	Address: Name and Title Address: Name and Title		LAHASSEE, FLORIDA	JUL 23 AM 9: 03
Name and Ti	NITIAL OFFICERS AND/OR DIRECTO Sitle: Ahmad Hudson/OL P.O. Box 1/04 Stacke, F-1 32091	Address: Name and Title Address: Name and Title		LAHASSEE, FLORIDA	JUL 23 AN 9: 03
Name and Ti	NITIAL OFFICERS AND/OR DIRECTO Sitle: Ahmad Hudson/OL P.O. Box 1/04 Stacke, F-1 32091	Address: Name and Title Address: Name and Title		LAHASSEE, FLORIDA	JUL 23 AN 9: 03
Name and Ti Address Address	NITIAL OFFICERS AND/OR DIRECTO Sitle: Ahmad Hudson/OL P.O. Box 1/04 Stacke, F-1 32091	Address: Name and Title Address: Name and Title Address:		LANASSEE, FLORIDA	JUL 23 AN 9: 03
Name and Ti Address Name and Ti Address	NITIAL OFFICERS AND/OR DIRECTO Sitle: Ahmad Hudson/OH P.O. BOX 1/OU SHARKE, F-1 32091	Name and Title Address: Name and Title Address: Name and Title Name and Title		EARASSEE, FLORIDA	JUL 23 AN 9: 03
Name and Ti Address Address	NITIAL OFFICERS AND/OR DIRECTO Pittle: Ahmad Hudson/OL Starke, F-1 32091 ittle:	Name and Title Address: Name and Title Address: Name and Title Name and Title		EARASSEE, FLORIDA	JUL 23 AN 9: 03

Name and	Title:	Name and Title:	
Address		_ Address:	
ARTICLE VI	REGISTERED AGENT orida street address (P.O. Box NOT acceptable) of	f the registered agent is:	
Name:	Ahmad Hudson		
Address:	ZOI M= Dougard 1	ane	
	Stacke, F1 32091	-	
ARTICLE VII	INCORPORATOR		
The name and add	dress of the Incorporator is:		ಪ
Name:	Ahmad Hudson		
Address:	0		FILE 23
	Starke, F1 32091		ED AM 9:
	ed as registered agent to accept service of process m familiar with and accept the appointment as reg		ce dosignated in
1.1	1 0	(- 2	/ _ / >
_ Hma	Required Signature/Registered Agent	D	/ - / 3
I submit this docu	ment and affirm that the facts stated herein are Department of State constitutes a third degree felon	true. I am aware that the false information	submitted in a
Ahmad	Required Signature/Incorporator	6-24	/ - / 3
·	required organization moorpolated	•	