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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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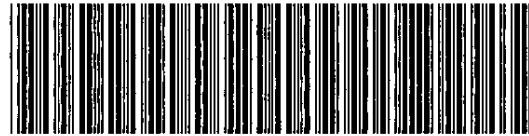
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATION
2013 AUG 19 PM 12:33

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COVER LETTER

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

SUBJECT: **HIS TIME ENTERPRISES, 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

☐ \$78.75
Filing Fee
& Certificate of Status

☐ \$78.75
Filing Fee
& Certified Copy

☒ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: **Milton D. Galloway**

Name (Printed or typed)

686 Lone Pine Lane

Address

Weston, Florida, 33327

City, State & Zip

631-662-1505

Daytime Telephone number

gallowaynotes@aol.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)

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ARTICLE I NAME

The name of the corporation shall be: HIS TIME ENTERPRESES, INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

686 Lone Pine Lane

Weston, Florida, 33327

Mailing address, if different is:

P.O. Box 267442

Weston, Florida, 33327

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: His Time Enterprises will invest in and manage Residential property.

ARTICLE IV SHARES

The number of shares of stock is: 10

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Milton D. Galloway, CEO

Address 686 Lone Pine Lane

Weston, Florida, 33327

Name and Title: _____

Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

(cont.)
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DIVISION OF CORPORATION
2013 AUG 19 PM 12:33

Name and Title: _____ Name and Title: _____
Address _____ Address: _____

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:


Name: Milton D. Galloway
Address: 686 Lone Pine Lane
Weston, Florida, 33327

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Milton D. Galloway
Address: 686 Lone Pine Lane
Weston, Florida 33327

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Required Signature/Registered Agent

August 16, 2013
Date

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

August 16, 2013
Date