## P13000069432

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					



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FILED

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SECRETARY OF STATE

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AND

Office Use Only

MD 8/23

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## **COVER LETTER**

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

SUBJECT:	HH Materials					
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)						
Enclosed are an o	riginal and one (1) copy of the arti	cles of incorporation and	a check for:			
□ \$70.00	•	□ \$78.75	\$87.50			
Filing Fee	Filing Fee & Certificate of Status	Filing Fee & Certified Copy	Filing Fee, Certified Copy & Certificate of			
	Status ADDITIONAL COPY REQUIRED					
FROM: Eva Filgueira Name (Printed or typed)						
191 Chippewa Street						
Address						
-	Miami Springs, FL 33166					
,,,,,,	(305) 301-0426					
	Daytime Telephone number					

NOTE: Please provide the original and one copy of the articles.

flgueira & bell south. net

Be-mail address: (to be used for future annual report notification)



August 7, 2013

EVA FILGUEIRA 191 CHIPPEWA STREET MIAMI SPRINGS, FL 33166

SUBJECT: H H MATERIALS INC. Ref. Number: W13000044065

We have received your document for H H MATERIALS 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):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

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.

Maryanne Dickey Regulatory Specialist II New Filing Section

Letter Number: 813A00018940

Division of Compositions D.O. DOV 6997 Tallahassas Florida 9991

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

LE II PRI	<b>NCIPAL OFFICE</b> Principal <u>street</u> address	Mailing address, if different is:		
Chippe	O			-,
' '	rings, FL 33166			
	J			
LE III PUR	POSE O	 	.0-	
ose for which t	the corporation is organized is:	Lanoizze	Corp	poration
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				ORIDA ORIDA
	NRES (C.C.			
ber of shares of	stock is: 100			
LE V INI	TIAL OFFICERS AND/OR DIRECTORS	<u> </u>		
		<del></del>		
Name and Title	Evafilgueira/President	Name and Title:_	on and a standard thanks that make the color	
Name and Title	Evafilgucira/President 191 Chippewa Street	Name and Title:		
Name and Title	Evafilgueira/President	Name and Title:		
Name and Title	Evafilgucira/President 191 Chippewa Street Miami Springs, FL 3316	Name and Title:		
Name and Title	Evafilgucira/President 191 Chippewa Street Miami Springs, FL 3316	Name and Title: Address:		
Name and Title Address  Jame and Title	Evafilgucira/President 191 Chippewa Street Miami Springs, FL 3316	Name and Title: Address: Name and Title:_		
Name and Title Address  Name and Title	Evafilgucira/fresident 191 Chippewa Street Miami Springs, FL 3316	Name and Title: Address: Name and Title:_		
Name and Title Address  Name and Title	Evafilgucira/President 191 Chippewa Street Miami Springs, FL 3316	Name and Title: Address: Name and Title:_		
Name and Title	Evafilgucira/President 191 Chippewa Street Miami Springs, FL 3316	Name and Title: Address: Name and Title:_		
Name and Title Address  Name and Title Address	Evafilgucira/fresident 191 Chippewa Street Miami Springs, FL 3316	Name and Title:  Address:  Name and Title:  Address:  Address:		
Name and Title Address  Name and Title Address	Evafilgucira/President 191 Chippewa Street Miami Springs, FL 3316	Name and Title:  Address:  Name and Title:  Address:  Name and Title:		

Name and Title:
Address:
the registered agent is:  13 AUG 19 PH 12: 17  FALLAHASSEE, FLORIDA  166
3166
for the above stated corporation at the place designated in istered agent and agree to act in this capacity
7-31-13 Date
true. I am aware that the false information submitted in a y as provided for in s.817.155, F.S.  7-31-13  Date