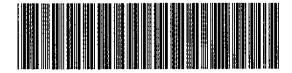
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(Re	equestor's Name)	
(Ac	idress)	
(Ac	idress)	<u></u>
(Ci	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only

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SECKETARY OF STATE SECKETARY OF STATE

En 1/14/14

COVER LETTER

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

SUBJECT: HOPUHO, INC							
	(PROPOSED CORPORA	ATE NAME – <u>MUST INCLI</u>	JDE 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 CO	PY REQUIRED				
FROM: JOSEF HOMOLYA Name (Printed or typed)							
7305 SW 42 TERRACE							
Address							
MIAMI, FLORIDA 33155							
City, State & Zip 305 264-1106							
Daytime Telephone number							
jhomolya@yahho.com <u> </u>							
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NOTE: Please provide the original and one copy of the articles.



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14 JAN 13 AHII: 43
SECRETARY STATE

FLORIDA DEPARTMENT OF STATE Division of Corporations

December 3, 2013

JOZEF HOMOLYA 7305 SW 42 TERRACE MIAMI, FL 33155

SUBJECT: HPH INC.

Ref. Number: W13000066041

We have received your document for HPH INC. and your check(s) totaling \$70.00. 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.

The Florida Statutes require an entity to designate a street address for its principal office address. A post office box is not acceptable for the principal office address. The entity may, however, designate a separate mailing address. The mailing address may be a post office box.

Please list the street address of each officer/director.

If your business entity does not intend to transact business until January 1st of the upcoming calendar year, you may wish to revise your document to include an effective date of January 1st. If you do not list an effective date of January 1st, your business entity will become effective this calendar year and it will be required to file an annual report and pay the required annual report fee for the upcoming calendar year this coming January, which is merely weeks away. By listing an effective date of January 1st, the entity's existence will not begin until January 1st of the upcoming year and will, therefore, postpone the entity's requirement to file an annual report and pay the required annual report filing fee until the following calendar year.

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.

SECRETARY OF STATE
SECRETARY OF STATE
OUTPER

Claretha Golden Regulatory Specialist II New Filing Section

Letter Number: 113A00027531

www.sunbiz.org

D' 'd' CO CO CO DO DOY COOT Mellele and Elected 2001

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



14 JAN 13 PM 1:51

ARTICLE I NAM The name of the corporat	ion shall be: HOPUHO, INC		14 JAN 13 PH 1
<u> </u>	VCIPAL OPFICE Principal street address		Mailing address, if different is:
ARTICLE III PURI The purpose for which the	POSE he corporation is organized is:	ESTATE	BUSINESS
	TAL OFFICERS AND/OR DIRECTOR	<u> </u>	
Name and Title	Joseph Homolya CEO	Name and Title:	Atila Homolya DIRECTOR
Address	7305 SW 42 Terrace Miami, FI 33155	_ Address:	
Name and Title:	Edward Puskas- Director	Name and Title:	
Address		_ Address:	
Name and Tide		Name and Title	
Address			
		-	

Name and	Title:	Name and Title:
Address		Address:
		
	REGISTERED AGENT rida street address (P.O. Box NOT acceptable) o	of the registered agent is:
	Joseph Homolya	- Ma register of agent is:
Address:	7305 SW 42 Terrace	-
71001000	Miami, Florida 33155	_
ARTICLE VII	<i>INCORPORATOR</i>	
	ress of the Incorporator is: Joseph Homolya	
Name:	7305 SW 42 Terrace	_
Address:	Miami, FL 33155	_
	IVIIAITII, FL 33 133	_
Having been name	nd as registered agent to accept service of process	s for the above stated corporation at the place designated in
this certificate, I a	n familiar with and accept the appointment as req	
	Required Signature/Registered Agent	NOV. 15. 2013
	neept and affirm that the facts stated herein are	true. I am aware that the false information submitted in a
document to the De	partment of State constitutes a third degree felou	
	Required Signature/Incorporator	NOV. 15, 2013
	Required Signature/Meorporato	Y S
		JA CON
		SECNETARY OF STATE Date 14 JAN 13 PH 1: 51
		7 900 - 900 - 900
		5 8218
		S