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SECRETARY OF STATE



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COVER LETTER

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

SUBJEC	_{ct:} Hank	Tulp Buyer, Ind	C.		
	· · · · · · · · · · · · · · · · ·	(PROPOSED CORPORA	TE NAME – <u>MUST INCLU</u>	DE SUFFIX)	
Enclosed	l are an origin	al and one (1) copy of the arti	cles of incorporation and	a check for:	
	\$70.00 Tiling Fee	□ \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL COP	\$87.50 Filing Fee, Certified Copy & Certificate o Status PY REOUIRED	
FROM: Law Office of Keith R. Taylor, P.A.					
Г	rkowi:	Name	(Printed or typed)		
	PO	Box 2016			
		A	Address		
Lecanto, FL 34460					
	<u></u>	City,	State & Zip		
	352	2-795-0404			
		Daytime To	elephone number	_	
	htul	p1@cfl.rr.com			
		E-mail address: (to be used	for future annual report no	otification)	

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 I NAM The name of the corporal	ion shall be: Hank Tulp Buyer	, Inc.	
	NCIPAL OFFICE Principal street address		Mailing address, if different is:
Ponce Inlet, F	L 32127		
ARTICLE III PUR. The purpose for which t	POSE he corporation is organized is:	ase vehicles at v	rehicle auctions for car dealerships
	ures stock is: TIAL OFFICERS AND/OR DIRECTO : Henry Tulp, PSTD		Eva Lavonne Tulp, VPD
Address	4555 S. Atlantic Ave.	Address:	4555 S. Atlantic Ave.
Address	#4401	Address:	#4401
	Ponce Inlet, FL 32127		Ponce Inlet, FL 32127
Name and Title:	:	Name and Title	::
Address		Address:	
		_	
Name and Title:		Name and Title	2:
Address		Address:	

Name and	Title:	Name and Title:	
Address		Address:	
ARTICLE VI	REGISTERED AGENT	The accident depart is	
_	rida street address (P.O. Box NOT acceptable) of Keith R. Taylor, Esq.	the registered agent is.	
Name:	1143 N. Lyle Ave.		
	Crystal River, FL 34429		
ARTICLE VII	INCORPORATOR		
The <u>name and add</u>	<u>Iress</u> of the Incorporator is:		
Name:	Henry Tulp		
Address:	4555 S. Atlantic Ave. #4401		
	Ponce Inlet, FL 32127		
this certificate, I as	Required Signature/Registered Agent ment and affirm that the facts stated herein are a	istered agent and agree to act in th true. I am aware that the false inf	is capacity 7/31//4 Date Tormation submitted in a
/(t	Required Signature/Incorporator		7/3//14 Date
()			<i>I</i>