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Division of Corporations

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Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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To: Division of Corporations  
Fax Number : (850) 617-6381

From: Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.  
Account Number : 075350000353  
Phone : (800) 221-2972  
Fax Number : (888) 692-9256

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

FLORIDA PROFIT/NON PROFIT CORPORATION  
THG SOUTH INC.

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

TALLAHASSEE, FLORIDA

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#875 P.002/003

**ARTICLES OF INCORPORATION**

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

**ARTICLE I NAME**

The name of the corporation shall be: THG SOUTH INC.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

9100 LIME BAY BLVD #212

TAMARAC, FL 33321

Mailing address, if different is:

9100 LIME BAY BLVD #212

TAMARAC, FL 33321

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: to engage in any lawful act or activity for  
which corporations may be organized.

**ARTICLE IV SHARES**

The number of shares of stock is: 1,000

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: ROBERT HOTALING-DIRECTOR

Address: 9100 LIME BAY BLVD #212  
TAMARAC, FL 33321

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

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(cont.)

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: **ROBERT HOTALING**  
Address: **9100 LIME BAY BLVD #212**  
**TAMARAC, FL 33321**

**ARTICLE VII INCORPORATOR**

The name and address of the incorporator is:

Name: **ROBERT HOTALING**  
Address: **9100 LIME BAY BLVD #212**  
**TAMARAC, FL 33321**

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

(X) \_\_\_\_\_  
Required Signature/Registered Agent

9-16-14  
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.317.155, F.S.

(X) \_\_\_\_\_  
Required Signature/Incorporator

9-16-14  
Date

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TALLAHASSEE, FLORIDA

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