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(Re	questor's Name)				
(Ad	dress)				
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PICK-UP	WAIT	MAIL			
(Bu	siness Entity Nar	ne)			
(Do	cument Number)				
Certified Copies	_ Certificates	of Status			
Special Instructions to Filing Officer:					
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Office Use Only



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COVER LETTER

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

SUBJECT:	w Office of Christopher L. Hamblen	, P.A.				
Scherct.	(PROPOSED CORPORA	ATE NAME – <u>MUST INCL</u>	UDE SUFFIX)			
Enclosed are an orig	ginal and one (1) copy of the ar	ticles of incorporation an	d a check for:			
\$70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	& Certificate of Status			
		ADDITIONAL CO	OPY REQUIRED			
FROM: Ch	ristopher L. Hamblen	e (Printed or typed)				
353	1 Ermine Path					
		Address				
Pal	m Harbor, Florida 34684					
City, State & Zip						
727	-644-3589					
·	Daytime Telephone number					
clha	umblen@gmail.com					
	E-mail address: (to be use	d for future annual report i	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)

Principal street address 531 Ermine Path alm Harbor, FL 34684		Mailing ad	dress, if different is:
TERCO E E E E E E E E E E E E E E E E E E E		rovide legal services.	
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	7134 - 743 -		mg 32
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Name an	d Title:	Name and Title:	
Address	·	Address:	
			,
	,		
	,		
	REGISTERED AGENT lorida street address (P.O. Box NOT acceptable) o	f the registered agent is:	
Name:	Christopher Hamblen	-	AS G
Address:	3531 Errine Path	<u>-</u>	ACC SE
	Palm Harbor, FL 346	24	TARK TARK
ARTICLE VII	INCORPORATOR		E RES
The name and ac	ddress of the Incorporator is:		E 38
Name:	Christopher Hanbler 3531 Ernive Path	-	2
Address:	3531 Ernive Path	_	
	Palu Harbor, FL 346	84.	
	EFFECTIVE DATE:	(0.550)	
(If an effective d	other than the date of filing: late is listed, the date must be specific and cannot	(OPTIONAL) of the more than five busines	
days after the fi	ling.)		`
	inserted in this block does not meet the applicable ffective date on the Department of State's records.	statutory filing requirements,	, this date will not be listed as
	ned as registered agent to accept service of proces am familiar with and accept the appointment as re		
0	All	<u>-</u> •	06/13/15
	Required Signature/Registered Agent		Date
I submit this doc	ument and affirm that the facts stated herein are	true. I am aware that the fa	lse information submitted in a
	Department of State constitutes a third degree felor		
Œ.			06/13/15
Requi	red Signature/Incorporator	·········	Date