P15000069670

| (Re | questor's Name) | | | |
|---|--------------------|-----------|--|--|
| (Ad | dress) | | | |
| (Ad | dress) | | | |
| (Cit | ty/State/Zip/Phone | e #) | | |
| PICK-UP | ☐ WAIT | MAIL | | |
| (Business Entity Name) | | | | |
| (Document Number) | | | | |
| Certified Copies | _ Certificates | of Status | | |
| Special Instructions to Filing Officer: | | | | |
| | | | | |
| | | | | |
| | 7 | | | |

Office Use Only



900275399739

08/17/15--01004--024 **87.50



T. Bunch AUG 2 4 2015

COVER LETTER

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

P. O. Box 357605

Gainesville, FL 32635

352 378 8806

bodoinc@aol.com

| SUBJECT: Hunga | ricum Trading Company | | | | | |
|---|-----------------------------------|-----------------------------|--|--|--|--|
| (PROPOSED CORPORATE NAME – <u>MUST INCLUDE SUFFIX</u>) | | | | | | |
| Enclosed are an orig | ginal and one (1) copy of the art | ticles of incorporation and | l a check for: | | | |
| \$70.00 Filing Fee | \$78.75 Filing Fee | \$78.75 Filing Fee | \$87.50 Filing Fee, | | | |
| r ming r ec | & Certificate of Status | & Certified Copy | Certified Copy & Certificate of Status | | | |
| | | ADDITIONAL COPY REQUIRED | | | | |
| | | | | | | |
| FROM: Att | tila Bodo | 7D 1 4 1 4 1 N | | | | |
| | Nam | e (Printed or typed) | | | | |

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

Address

City, State & Zip

Daytime Telephone number

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 II PRIN | CIPAL OFFICE | | | |
|---|---|---|--|--|
| Principal street address | | в О Во | Mailing address, if different is: | |
| 726 NW 23rd Avenue Gainesville, FL 32609 | | · · · · · · · · · · · · · · · · · · · | P. O. Box 357605 Gainesville, FL 32635 | |
| Gamesviire, FE 32007 | | Gamesv | | |
| | the corporation is organized is: | | | |
| - | all lawful business for which corporati | | under Chapter 607 Florida Sta | tutes. |
| 2. To have and exercis | e all powers necessary or convenient to | effect its purposes. | | |
| 3. To conduct its busin | ness, carry on its operations, and have o | offices and exercise the | e powers granted by this act wi | thin or |
| without this state. | | | | |
| 4. To make contracts a | and guarantees and incur liabilities, born | row money at such rat | es of interest as the corporation | may |
| determine, issue its | notes, bonds, and other obligations, an | d secure any of its obl | igations by pledge of any of its | nronert |
| ARTICLE IV SHAR | ES 10,000 01,00 | | SSE SSE | in the second se |
| | | | Peter Tamas: VP-S | e canting |
| The number of shares of ARTICLE V INITE Name and Titl Address | Stock is: 10,000, \$1.00 par value, colling and state and | Name and Title Address: Name and Title | Peter Tamas; VP, S, D P. O. Box 357605 Gainesville, FL 32635 | Treport |

| Name a | nd Title: | Name and Title: | |
|---------------------------------------|--|--|---|
| Addres | s | Address: | |
| | | | |
| | · · · · · · · · · · · · · · · · · · · | | |
| ARTICLE VI | REGISTERED AGENT | | |
| The name and I | Florida street address (P.O. Box NOT accept | able) of the registered agent is: | |
| Name: | Attila Bodo | | TALL SE |
| Address: | 726 NW 23rd Avenue | | AHE B |
| | Gainesville, FL 32609 | | NAY C |
| <u>ARTICLE VII</u> | <u>INCORPORATOR</u> | | PH 3: 50 FLORIDA |
| The name and a | ddress of the Incorporator is: | | DA SO |
| Name: | Attila Bodo | | |
| Address: | P. O. Box 357605 | | |
| | Gainesville, FL 32635 | | |
| Effective date, it | EFFECTIVE DATE: f other than the date of filing: date is listed, the date must be specific and iling.) | . (OPTIONA) cannot be more than five busin | L) ess days prior or 90 business |
| | e inserted in this block does not meet the app effective date on the Department of State's re | | ts, this date will not be listed as |
| Having been na this certificate, I | med as registered agent to accept service of am familiar with and accept the appointmen | process for the above stated corpo at as registered agent and agree to — | oration at the place designated in act in this capacity |
| | Required Signature/Registered Age | | Aug. 13, 2015 Date |
| | | | |
| I submit this do document to the | cument and affirm that the facts stated her Department of State constitutes a third degr | rin are true. I am aware that the re felony as provided for in s.817.1 | false information submitted in a 155, F.S. |
| | XX XXXX | | AUG. 12 2015 |
| Requ | ired Signature/Incorporator | · - | AUG. 13, 2015 Date |

ř