

P160002278803

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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

From: Account Name : FASTKIT CORP
Account Number : I20100000009
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Fax Number : (305) 592-9591

16 SEP 14 AM 8:18

****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
TRUMAN HENSON, INC.

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$78.75

SEP 15 2016
S. GILBERT



September 14, 2016

FLORIDA DEPARTMENT OF STATE
Division of Corporations

E-FILE FASTKIT CORP

SUBJECT: TRUMAN HENSON, INC.
REF: W16000063523

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Please provide us with officers title.

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.

Sylvia Gilbert
Regulatory Specialist II
New Filing Section

FAX Aud. #: H16000227880
Letter Number: 616A00019617

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

16 SEP 14 AM 8:18

ARTICLE I NAME

The name of the corporation shall be:

TRUMAN HENSON, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

14075 SE 25TH AVE

SUMMERFIELD, FL 34491

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

TO CONDUCT ALL LEGAL TYPES OF BUSINESS ACTIVITIES

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: TRUMAN HENSON, JR Pres

Name and Title: TRUMAN L. HENSON VP

Address 14075 SE 25TH AVE
SUMMERFIELD, FL 34491

Address: 14021 SE 25TH AVE
SUMMERFIELD, FL 34491

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

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: TRUMAN HENSON, JR
Address: 14075 SE 25TH AVE
SUMMERFIELD, FL 34491

ARTICLE VII INCORPORATOR

The name and address of the incorporator is:

Name: TRUMAN HENSON, JR
Address: 14075 SE 25TH AVE
SUMMERFIELD, FL 34491

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

[Signature]
Required Signature/Registered Agent

9/13/16
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.817.155, F.S.

[Signature]
Required Signature/Incorporator

9/13/16
Date