(Req	uestor's Name)	
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PICK-UP	WAIT	MAIL
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Certified Copies	Certificates	s of Status
Special Instructions to F	iling Officer	
Special instructions to r	illing Offices.	
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## **COVER LETTER**

Department of State New Filing Section

Division of Corporations P. O. Box 6327 Tallahassee, FL 32314 SUBJECT: Enclosed are an original and one (1) copy of the articles of incorporation and a check for: \$87.50 \$78.75 \$78.75 \$70.00 Filing Fee Filing Fee, Filing Fee Filing Fee & Certified Copy Certified Copy & Certificate of Status & Certificate of Status ADDITIONAL COPY REQUIRED Homace McCoy
Name (Printed or typed) 3669 unde Glover Rd TAMAhassee Fl 32312 City, State & Zip 850-545-7266 Daytime Telephone number

NOTE: Please provide the original and one copy of the articles.

Cement 2451 @ aol. Com
E-mail address: (to be used for future annual report notification)

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

ARTICLE I NAME  The name of the corporation	on shall be:	Princes	<u>ss (200</u>	Deches	INC	_
	rincipal <u>street</u> address	2٤	N	failing address.	if different is:	
TAIL	-1. 32312				<del></del>	
ARTICLE III PURPOS The purpose for which the	EE corporation is organiz	ed is:Q	iental	proper	hei	
					943	
					78 28 38 86	2010 8:-
ARTICLE IV SHARE. The number of shares of s  ARTICLE V INITIAL		DIRECTORS			SSEE FLARE	11 M 9:20
Name and Title:	Homas C. M	yoy - P				
Address	BUET Uncle		Address:	<del></del> -	<del> </del>	
	3231Z		 _			
Name and Title:			Name and Title	:		
Address						
Name and Title:			Name and Title	:		· ———
Address	·					
			_			-1

Name and Title:		Name and Title:
Address		Address:
ARTICLE VI REGIS	TERED AGENT	
The name and Florida s	street address (P.O. Box NOT acceptable) o	of the registered agent is:
Name:	tomer C. McCoy	<del>-</del> -
Address:	3669 unde Gla	ver Rd
$\overline{}$	WH F1 32312	_
ARTICLE VII INCO.	RPORATOR	
The name and address	of the Incorporator is:	
Name:	Homa McCoy	_
Address:	Homa McCoy 364 unde Glou	IN Rd
	TULL F1 32317	
-		
ARTICLE VIII EFF.	ECTIVE DATE: than the date of filing:	(OPTIONAL)
Effective date, if other (If an effective date is	than the date of filing: listed, the date must be specific and cann	not be more than five days prior or 90 days after the
filing.)		
Note: If the date insert	ted in this block does not meet the applicable date on the Department of State's records	le statutory filing requirements, this date will not be listed as
Having been named as	s registered agent to accept service of proces	ess for the above stated corporation at the place designated in registered agent and agree to act in this capacity
``		
Moma	Required Signature/Registered Agent	Date
I submit this documen	at and affirm that the facts stated herein ar	re true. I am aware that the false information submitted in a
document to the Depar	rtment of State constitutes a third degree felo	ony as provided for in s.817.155, F.S.
Homa	C. M. Coy	<u>5 · 3/- / 9</u> Date
Required S	ignature/Incorporator	Date

Moma C. M. Coy	will not reinstate / HPCA Cess	Properties	Inc
Document number <u>P1100010909</u> .4			

And will file a new filing with the same name.

Home a MEany