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| (Document Number) |
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NAME: HANKY INVESTMENTS, INC

TYPE OF FILING: ARTICLES

COST:

70.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

COVER LETTER

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

| SUBJECT: | Hanky Investments, Inc. | | |
|-------------------------|--|---------------------------------------|-------------------------|
| | (PROPOSED CORPORA | ATE NAMÉ – <u>MUST INCL</u> | UDE SUFFIX) |
| Enclosed are an or | riginal and one (1) copy of the art | ticles of incorporation and | 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: _ | Trevor Hanks Nam | e (Printed or typed) | |
| | 360 SW 16th St. | | |
| _ | | Address | |
| | Boca Raton, FL 33432 | | <u> </u> |
| _ | City, | , State & Zip | |
| | (949) 279-6560 | l'elephone number | |
| | Trevor.Hanks@360dg.com | refebriorie iterrioer | |
| | <u> </u> | d for future annual report r | 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)

| TICLE II PRIN | CIPAL OFFICE Principal street address | Mailir | ng address, if different is: |
|--|--|--|------------------------------|
| SW 16th St. | | | |
| ca Raton, FL 3343 | 2 | | |
| TICLE III PURF purpose for which | OSE the corporation is organized is: <u>In</u> | vestments | |
| | | | 2023F SECR TAL |
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| | | | 38 G |
| | | | %SF ≥ 17 |
| | | | . vs = 1 |
| | | | 77 F |
| | f stock is: | | |
| number of shares o | f stock is: | 288 Name and Title: | |
| number of shares o | f stock is: | | |
| number of shares of the shares of the share and Title Name and Title | f stock is: | Name and Title: | |
| number of shares of the shares of the share and Title Address | f stock is: AL OFFICERS ANDVOR DIRECTS e: Trevor Hanks, President 360 SW 16th St. Boca Raton, FL 33432 | Name and Title: | |
| number of shares of the shares of the share and Title Address | f stock is: AL OFFICERS AND/OR DIRECTS e: Trevor Hanks, President 360 SW 16th St. Boca Raton, FL 33432 | Name and Title: Address: | |
| Name and Title Name and Title | f stock is: AL OFFICERS AND/OR DIRECTS 10: Trevor Hanks, President 360 SW 16th St. Boca Raton, FL 33432 Trevor Hanks, CFO | Name and Title: Address: Name and Title: | |
| Name and Title Address Name and Title Address | f stock is: AL OFFICERS ANDVOR DIRECTS a: Trevor Hanks, President 360 SW 16th St. Boca Raton, FL 33432 Trevor Hanks, CFO 360 SW 16th St. | Name and Title: Address: Name and Title: | |
| Name and Title Address Name and Title Address | f stock is: AL OFFICERS ANDVOR DIRECTS a: Trevor Hanks, President 360 SW 16th St. Boca Raton, FL 33432 Trevor Hanks, CFO 360 SW 16th St. Boca Raton, FL 33432 | Name and Title: Address: Name and Title: Address: | |

| Address Book Raton, FL 33432 ARTICLE VI REGISTERED AGENT The page and Florida street address (P.O. Box NOT acceptable) of the registered agent is: Name: Trevor Hanks Address: 360 SW 16th St. Book Raton, FL 33432 ARTICLE VII INCORPORATOR The page and address of the Incorporator is: Name: Trevor Hanks Address: 360 SW 16th St. Book Raton, FL 33432 ARTICLE VII INCORPORATOR The page and address of the Incorporator is: Name: Trevor Hanks Address: 360 SW 16th St. Book Raton, FL 33432 ARTICLE VII 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 days prior or 90 days affiling.) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not 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 decig certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity Travor Manks Book Raton, FL 33432 Book Raton, FL 33432 ARTICLE VII EFFECTIVE DATE: (OPTIONAL) (OPTIONAL) (If an effective date inserted in this block does not meet the applicable statutory filling requirements, this date will not the document's effective date on the Department of State's records. | Name an | d Title: Trevor Hanks, Director | Name and Title: |
|--|--|--|---|
| ARTICLE VI REGISTERED AGENT The pame and Florida street address (P.O. Box NOT acceptable) of the registered agent is: Name: Trevor Hanks Address: 360 SW 16th St. Boca Raton, FL 33432 ARTICLE VII INCORPORATOR Trevor Hanks Address: 360 SW 16th St. Boca Raton, FL 33432 ARTICLE VIII EFFECTIVE DATE: Effective date, if other than the date of filing: | | 360 SW 16th St | Address: |
| The pame and Florida street address (P.O. Box NOT acceptable) of the registered agent is: Name: Trevor Hanks Address: 360 SW 16th St. 100 St | | Boca Raton, FL 33432 | |
| Address: Boca Raton, FL 33432 ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Name: Trevor Hanks Address: Boca Raton, FL 33432 ARTICLE VIII EFFECTIVE DATE: Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days aft filing.) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not 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 design certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity Travor Hanks Required Signature/Registered Agent Date | ARTICLE VI The pame and Fi | REGISTERED AGENT orlda street address (P.O. Box NOT accept | ble) of the registered agent is: |
| The name and address of the Incorporator is: Name: Trevor Hanks Address: 360 SW 16th St. Boca Raton, FL 33432 ARTICLE VIII EFFECTIVE DATE: Effective date, if other than the date of filing: | Name: | Trevor Hanks | |
| The name and address of the Incorporator is: Name: Trevor Hanks Address: 360 SW 16th St. Boca Raton, FL 33432 ARTICLE VIII EFFECTIVE DATE: Effective date, if other than the date of filling: | Address: | 360 SW 16th St. | 202: SE(T) |
| The name and address of the Incorporator is: Name: Trevor Hanks Address: 360 SW 16th St. Boca Raton, FL 33432 ARTICLE VIII EFFECTIVE DATE: Effective date, if other than the date of filling: | | Boca Raton, FL 33432 | ACCE SEE |
| Name: Trevor Hanks 360 SW 16th St. Boca Raton, FL 33432 ARTICLE VIII EFFECTIVE DATE: Effective date, if other than the date of filing: | ARTICLE VII | INCORPORATOR | 13 13 |
| Name: Trevor Hanks Address: 360 SW 16th St. Boca Raton, FL 33432 ARTICLE VIII EFFECTIVE DATE: Effective date, if other than the date of filing: | The name and ac | dress of the Incorporator is: | |
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| ABTICLE VIII EFFECTIVE DATE: Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days aft filing.) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not 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 design certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity Traver Hanks Required Signature/Registered Agent Date | Address: | 360 SW 16th St. | |
| Effective date, if other than the date of filing: | | Boca Raton, FL 33432 | |
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| Certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity Trever Hanks Required Signature/Registered Agent Date | Note: If the date the document's e | inserted in this block does not meet the app ffective date on the Department of State's n | icable statutory filing requirements, this date will no cords. |
| Required Signature/Registered Agent Date | certificate, I am fi | miliar with and accept the appointment as | ocess for the above stated corporation at the place desi egistered agent and agree to act in this capacity |
| | Trevos | . Hanks | |
| I submit this document and affirm that the facts stated herein are true. I am aware that the false information su | | , , | |
| | | | |
| document to the Department of State constitutes a third degree felony as provided for in \$.817.155, F.S. Travor Hanks 217123 | | re/Incorporator | Date |