

P9500003177S

CAPITAL CONNECTION, INC.

417 E. Virginia St., Suite 1, Tallahassee, FL 32301, (904)224-8870
Mailing Address: Post Office Box 10349, Tallahassee, FL 32302
TOLL FREE No. 1-800-342-8062
FAX (904) 222-1222

NAME _____
FIRM _____
ADDRESS _____

PHONE () _____

Service: Top Priority _____ Regular _____
One Day Service Two Day Service

To us via _____ Return via _____

Mailor No.: _____ Express Mail No. _____

State Fee \$ _____ Our \$ _____

RE: Hamp & Son, Inc.

	C.C. FEE.	DISBURSED
☒ Capital Express™		
☒ Art. of Inc. File		
☐ Corp. Record Search		
☐ Ltd. Partnership File		
☐ Foreign Corp. File		
☒ () Cert. Copy(s)		
☐ Art. of Amend. File		
☐ Dissolution/Withdrawal		
☐ C U B-		
☐ Fictitious Name File		
600001462896 -04/24/95--01018--015 ****122.50****122.50		
☐ Name Reservation		
☐ Annual Report/Reinstatement		
☐ Reg. Agent Service		
☐ Document Filing		
☐ Corporate Kit		
☐ Vehicle Search		
☐ Driving Record		
☐ Document Retrieval		
☐ UCC 1 or 3 File		
☐ UCC 11 Search		
☐ UCC 11 Retrieval		
☐ File No.'s, Copies		
☐ Courier Service		
☐ Shipping/Handling		
☐ Phone ()		
☐ Top Priority		
☐ Express Mail Prep.		
☐ FAX () pgs		

SUBTOTALS

FEE.....	\$ 3
DISBURSED.....	\$
SURCHARGE.....	\$
TAX on corporate supplies.....	\$
SUBTOTAL.....	\$
PREPAID.....	\$
BALANCE DUE.....	\$

Please remit invoice number with payment
TERMS: NET 10 DAYS FROM INVOICE DATE
1 1/2% per month on Past Due Amounts
Past 30 Days, 18% per annum.

THANK YOU
from
Your Capital Connection

REQUEST TAKEN CONFIRMED APPROVED
DATE _____
TIME _____ CK No. _____
BY AAK

WALK-IN
Will Pick Up 427-1200

APB 4/24/95

RAYMOND K. HAMPSON
102401 OVERSEAS HIGHWAY
KEY LARGO, FL 33037

April 19, 1995

Department of State
Division of Corporations
The Capital
Tallahassee, FL 32399-0250

To Whom it May Concern:

Pursuant to my conversation with your office, I was advised that the name, HAMP&SON, INC., is available.

I am enclosing the sum of Thirty-five Dollars (\$35) to reserve this corporation name, HAMP&SON, INC.

Please confirm reservation as soon as possible.

Sincerely,

Raymond K. Hampson

ARTICLES OF INCORPORATION OF HAMP & SON, INC.

FILED
95 APR 24 PM 12:48
CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA

ARTICLE I
Name

The name of the corporation is HAMP & SON, INC.

ARTICLE II
Duration

The period of existence of the corporation is perpetual.

ARTICLE III
Principal Office and Mailing Address

The principal place of business of the corporation is at 102481 Overseas Highway, Key Largo, Florida. The mailing address of the corporation is 102481 Overseas Highway, Key Largo, Florida, 33037.

ARTICLE IV
Registered Office and Registered Agent

The initial registered office is at 31 N. Marlin Ave. Key Largo, Florida, 33037. The name of the initial registered agent at that address is DAVID GEORGE HUTCHISON ESQ.

ARTICLE V
Authorized Shares

The corporation is authorized to issue FIVE HUNDRED (500) shares of common stock having no par value.

ARTICLE VI
Management by Shareholders

The business of the corporation shall be managed by the shareholders without a board of directors.

ARTICLE VII
Incorporators

The name and address of the incorporator is:

RAYMOND K. HAMPSON
75180 O/S Hwy.
Islamorada, Fl. 33036

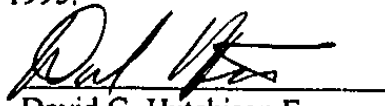
95 APR 26 PM 12:48

ALL AMERICAN COPY

IN WITNESS WHEREOF, I have executed these articles of incorporation
this 21st day of April, 1995.


Raymond K. Hampson

I HEREBY ACCEPT designation as registered agent for HAMP & SON,
INC. on this 21st day of April, 1995.


David G. Hutchison Esq.
Fla. Bar No. 997420
P.O. Box 1262
Key Largo, Fl. 33037
(305) 451-0013

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

26 OCT 11 AM 9:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000031775

1. Corporation Name

HAMP & SON, INC.

Principal Place of Business

102481 OVERSEAS HIGHWAY
KEY LARGO FL 33037

Mailing Address

102481 OVERSEAS HIGHWAY
KEY LARGO FL 33037

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, if Applicable

Suite, Apt. #, etc

City & State

Zip

Country

3. New Mailing Office Address, if Applicable

Suite, Apt. #, etc

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

04/24/1995

5. FEI Number

W-0589303

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PRES	RAYMOND K. HAMPSON	75180 OVERSEAS HWY	ISLAMORADA, FL 33036
VICE PRES	TIMOTHY R. HAMPSON	237 APACHE STREET	RIVERVIEW, FL 33037
SEC TREASURER	BETTY HAMPSON	75180 OVERSEAS HWY	ISLAMORADA, FL 33036

REINSTATEMENT

96
d. d. d. d.

8. Name and Address of Current Registered Agent

HUTCHISON, DAVID G ESO
31 N. MARLIN AVE.
KEY LARGO FL 33037

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

State

Zip Code

300001375843--9

-10/16/96--01002--028

****175.00

****175.00

FL

10. I, being appointed the registered agent of the above corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

9/18/96

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☐

(See other side for information
on intangible tax.)

12. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

9/18/96