P960000 82016

TRANSMITTAL LETTER

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



Subje	ct: Hindsight, Inc.	
	(Proposed corporate name - must include suffix)	
Enclos for:	ed is an original and One (1) copy of the articles of Incorpo \$70.00 Filing Fee \$78.75 Filing Fee & Certificate \$122.50 Filing Fee & Certified Copy \$131.25 Filing Fee, Certified Copy and Certificate	Fation and a check SOOO 1960363 -10/01/9601021009 ******78.75 ******78.75
From:	Hindsight, Inc. Name (printed or typed)	
	4875 Chardonnay Drive Address	
	Coral Springs, Fl. 33067 City, State & Zip	
	(954)720-2046 Daytime Telephone number	

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

Articles Of Incorporation

Of



Hindsight, Inc.

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

Article I - Name

The name of the corporation shall be:

Hindsight, Inc.

Article II - Principal Office

The principal place of business and mailing address of this corporation shall be:

4875 Chardonnay Drive Coral Springs, Fl. 33067

Article III - Shares

The number of shares of stock that this corporation is authorized

3000

Article IV - Initial Registered Agent and Street Address

The name and address of the initial registered agent is:

Julia M Johnson 4875 Chardonnay Drive Coral Springs, Fl. 33067

Article V - Incorporator(s)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

Julia M Johnson 4875 Chardonnay Drive Coral Springs, Fl. 33067

Joyce J. Gross 4875 Chardonnay Drive Coral Springs, Fl. 33067

Robin D. Johnson 6426 N.W. 53rd Street Coral Springs, Fl. 33067

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

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Signature

Signature

Articles of Incorporation Filing Fee - \$35.00

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PRESENT TO THE PROVISIONS OF SECTION 607.0501 OR 617.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1.	The name of the corporation is: Hindsight, Inc.	<u> </u>		
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2.	The name and address of the registered agent and office is:	HASSE	P 30	FILE
	Julia M. Johnson (Name)	OF STATE E, FLORIDA	AH 8: C	Ö
	4875 Chardonnay Drive (P.O. Box not acceptable)	ii. DA	02	
	Coral Springs. Fl. 33067 (City/State/Zip)			

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

(Signature)

DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL. 32314

\$35.00 Designation of Registered Agent Fee