97 NOV 17 PH 1: 25 SECRETARY OF STATE TALLAHASSEE, FLORIDA

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

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SUBJECT: /	S.B. Incorpor	Ated ate name - must include suff	Ew)	_	
	(Proposed corpor	ate name - must merude son	111.)	т.	
Enclosed is an original and one(1) copy of the articles of incorporation and a check for :					
\$70.00	\$78.75	□\$122.50	\$131.25		
Filing Fee	Filing Fee & Certificate	Filing Fee & Certified Copy	Filing Fee, Certified Copy		
		or common orp,	& Certificate	3	
		ADDITIONAL CO	PY REQUIRED		
FROM: MARK ANY JUSAN Co. InihAn Name (Printed or typed)					
2343 Gold Hill ROAD Address					
Address Brooksville Rox dA 3469 City, State & Zip Daytime Telephone number Daytime Telephone number					
City, State & Zip					
352-754-9584 Delegation Fride					
Daytime Telephone number					
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			DATE	100 1 8 77	
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			6.42		

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

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ARTICLES OF INCORPORATION

ARTICLE I

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The undersigned incorporator, for the purpose of forming a corporation under the Floridge RETARY OF STATE Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE IV INITIAL REGISTERED AGENT AND STATE The name and Florida street address of the initial registered agent are:	TREET ADDRESS JUNAN COONIMON 2343 Gold Hill Rd Brooksville, F. 34609
ARTICLE III SHARES The number of shares of stock that this corporation is authorized to have	ve outstanding at any one time is: /OOO
ARTICLE II PRINCIPAL OFFICE The principal place of business and mailing address of this corporation	shall be: 2343 Gold Hill Rd. Brookdville, fr 34699
The name of the corporation shall be: H.S.B., Inc.	

(An additional article must be added if an effective date is requested.)

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

OCH (SUM)
Signature/Registered Agent
Date