

98 MAR -2 AM 8: 42.

SECRETARY OF STATE

Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314	TĂL	LAHASSEE, FLORIDA 90	000244400 -03/02/980106
	Proposed corpo	orate name - must include suff	*****78.75 **
Enclosed is an original an	nd one(1) copy of the articl	les of incorporation and a	check for:
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate	□\$122.50 Filing Fee & Certified Copy	☐ \$131.25 Filing Fee, Certified Copy & Certificate
		ADDITIONAL CO	PY REQUIRED
FROM:	Name (Print	ed or typed)	· .
	/42૩ Add:	W HAMDER ST	
	City, Sta	4 4 33462 te & Zip	
	Daytime Telep	761) 582 - 6883 phone number	 .
		P. Hall	MAR - 4,1998

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

ARTICLES OF INCORPORATION

FILED

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

ARTICLE I NAME

The name of the corporation shall be:

A/P Plus, Inc.

ARTICLE II PRINCIPAL OFFICE

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

1423 W HARDEE ST. LANTAMA, FLORIDA 33462.

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

100

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Dorothan Gross

1423 W HARDEEST LANTAMA, FL

33462

ARTICLE V INCORPORATOR(S)

See instructions for officers/directors

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

Dorothen 9ross 1423 W HARDEEST., Lantona All 33462

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

16 day of +ebruay , 1998.

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

Signature

Signature

Notarization is not required

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

FILED

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE AM 8: 42

SECRETARY OF STATE TALLAHASSEE, FLORIDA

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, 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 HIP DUS, LINC
2. The name and address of the registered agent and office is:
Depother Gnoss
(P. O. Box or Mail Drop Box NOT ACCEPTABLE)
Lentua II 33462
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) (DATE)