

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

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HILLCREST SOLUTIONS, INCORPORATED

(Proposed corporate name - must include suffix)

700002464947

Enclosed is an original and one(1) copy of the articles of incorporation and a check for:

\$70.00 Filing Fee & Certificate

\$122.50

Filing Fee & Certified Copy Filing Fee, Certified Copy

□ \$131.25

& Certificate

ADDITIONAL COPY REQUIRED

Hillcrest Solutions, Inc.

FROM: Scott Meyer

Name (Printed or typed)

805 Douglas Avenue, Suite 159

Address

Altamonte Springs, Fl

City, State & Zip

407-774-8768

Daytime Telephone number

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

ARTICLES OF INCORPORATION

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

<u>ARTICLE I</u>

The name of the corporation shall be:

HILLCREST SOLUTIONS, INCORPORATED

PRINCIPAL OFFICE

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

805 Douglas Avenue

Suite 159

Altamonte Springs, FL

ARTICLE III SHARES

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

100

<u>INITIAL REGISTERED AGENT AND STREET ADDRESS</u>

The name and Florida street address of the initial registered agent are:

Scott Meyer

805 Douglas Avenue

Suite 159

INCORPORATOR

32714 Altamonte Springs, FL

The name and address of the incorporator to these Articles of Incorporation are:

Victoria Snow

2148 Woodbridge Loop

Longwood, FL 32779

Signature/Incorporator

(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 stantes 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/Registered Agent