80000000274

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

800 -016****78.75 *****78.75

Hoffman, Wood and Associates, Inc. SUBJECT: (Proposed corporate name - must include suffix)

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

\$70.00 Filing Fee \$78.75 Filing Fee & Certificate □\$122.50 **1**\$131.25 Filing Fee, Filing Fee Certified Copy & Certified Copy & Certificate

ADDITIONAL COPY REQUIRED

FROM: _ Hoffman, Wood and Associates, Ins Name (Printed or typed) 13th Ave. W. Address 2416 Bradenton, FL 34205 City, State & Zip (941)748:6684 Daytime Telephone number



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.

NAME ARTICLE I The name of the corporation shall be:

Hoffman, Wood & Associates. Inc.

ARTICLE II PRINCIPAL OFFICE The principal place of business and mailing address of this corporation shall be:

2416 13th Ave.W.

Bradenton, FL 34205

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

500

INITIAL REGISTERED AGENT AND STREET <u>ARTIC</u>LE IV

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

Janet Hoffman 2416 13th Ave. W. FL 34205 Bradenton,

ARTICLE V INCORPORATOR

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

Janet M. 29 Prudence Dr. 34235 FL Sarasota

corporator

Date

Date

CRUIL 6 HHID. 3,

(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

/) full signature/	HUM	Mun	
	ignature/	Røgister	ed Agent	