# 109800084233

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

SUBJECT:	Hammond Ma (Proposed con	orate name - must include suf	fix)
Enclosed is an original a	nd one(1) copy of the artic	cles 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 COPY REQUIRED	
FROM:	Leslie Ham Name 525 Snapper	(Printed or typed)  Cave Dr.  Address	
_	De Bary FL Ci	327/3	***
	, Cit	ty, State & Zip	
_	(Y07) 668-7 Daytime	7/73 Telephone number	<del></del>
IZATION BY PHONE TO	/ AVE		

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.

#### ARTICLE I NAME

The name of the corporation shall be:

Hammond Management, INC.

#### ARTICLE II PRINCIPAL OFFICE

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

1120 N. Volusia Av. Orange City, FL 32763

#### ARTICLE III SHARES

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

1000 (ONE THOUSAND)

## ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

LESLIE HAMMOND

525 SPAPPER COVE OR.

DEBARY, FL 327/3

### ARTICLE V INCORPORATOR

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

LESLIE HAMMOND

525 SHAPPER COVE DR

DE BARY FL 327/3

Signature/Incompany / DECLEMENT ACRES

9/25/98

Date

(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

Signature/Registered Age	ní
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