

TRANSMITTAL LETTER

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

799000051953

SUBJECT: HALECO INVESTMENTS INC.
(Proposed corporate name - must include suffix)

600002897356--2
-06/07/99--01163--002
*****78.75 *****78.75

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 of Status

☐ \$78.75 Filing Fee
& Certified Copy
☐ \$87.50 Filing Fee
& Certificate of Status
ADDITIONAL COPY REQUIRED

99 JUN -7 AM 10:00
FILED
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

FROM: Michael Hale
Name (Printed or typed)

413 Ocean Dr.
Address

St. Augustine, FL 32084
City, State & Zip

(904) 634-6729
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.

ARTICLE I NAME

THE NAME OF THE CORPORATION SHALL BE: **HALECO INVESTMENTS INC.**

ARTICLE II PRINCIPAL OFFICE

THE PRINCIPAL PLACE OF BUSINESS AND MAILING ADDRESS OF THIS CORPORATION SHALL BE: **413 OCEAN DRIVE, ST. AUGUSTINE, FL 32084**

ARTICLE III SHARES

THE NUMBER OF SHARES OF STOCK THAT THIS CORPORATION IS AUTHORIZED TO HAVE OUTSTANDING AT ANY ONE TIME IS: **ONE THOUSAND (1000)**

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

THE NAME AND FLORIDA STREET ADDRESS OF THE INITIAL REGISTERED AGENT ARE: **MICHAEL HALE, 413 OCEAN DRIVE, ST. AUGUSTINE, FL 32084**

ARTICLE V INCORPORATOR

THE NAME AND ADDRESS OF THE INCORPORATOR TO THESE ARTICLES OF INCORPORATION ARE: **MICHAEL HALE, 413 OCEAN DRIVE, ST. AUGUSTINE, FL 32084**

Michael W. Hale

SIGNATURE/INCORPORATOR

6-3-99

DATE

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

Michael W. Hale

SIGNATURE/REGISTERED AGENT

6-3-99

DATE

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TALLAHASSEE, FLORIDA