TRANSMITTAL LETTER

P99000063275

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

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SUBJECT: Enclosed is an original	(Proposed corporal al and one(1) copy of the article	rate name - must include suffi		SECHETARY OF STATI	99 JUL -9 AM 7: 36
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	□\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	☐ \$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED	jA	σ
FROM:	RICHARD ROSS	inted or typed)			en en la s
	621 WIDEVIEW	I AVENUE address			
	TARPON SPRIN	IGS, FLORIDA State & Zip	34689		• • • • • •
	(727) 934 637	74			

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 Florid	đa
Business Corporation Act, hereby adopts the following Articles of Incorporation.	

The name of the corporation shall be:

HGDR, Inc.

ARTICLE II PRINCIPAL OFFICE

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

2312 GRAND BOULEVARD - HOLIDAY, FLORIDA 34690

ARTICLE III SHARES

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

TEN THOUSAND (10,000)

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

RICHARD ROSS 2312 GRAND BONLEVARD HOLIDAY, FLORIDA 34690

ARTICLE V INCORPORATOR

The <u>name and address</u> of the incorporator to these Articles of Incorporation are:

RICHARD ROSS GAI WIDEVIEW AVENUE TARPON SPRINGS, FL 34689

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 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 Agent

Date