

TRANSMITTAL LETTER

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

SUBJECT:

*Troy Hoskins Companies, Inc.*

(Proposed corporate name - must include suffix)

400002967024--3  
-08/23/99--01114--010  
\*\*\*\*\*87.50 \*\*\*\*\*87.50

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,  
Certified Copy  
& Certificate of  
Status

**ADDITIONAL COPY REQUIRED**

FROM:

*TROY HOSKINS*

Name (Printed or typed)

*258 SMOKERISE TRACE*

Address

*PEARL TREE CITY, GA 30269*

City, State & Zip

*770-487-9544*

Daytime Telephone number

**FILED**  
99 AUG 23 PM 4: 18  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

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:

Troy Hoskins Companies, Inc.

### ARTICLE II PRINCIPAL OFFICE

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

258 Smokerise Trace  
Peachtree City, GA 30269

### ARTICLE III SHARES

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

1,000

### ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

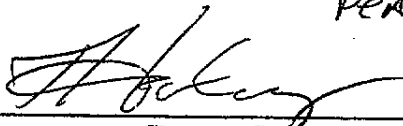
The name and Florida street address of the initial registered agent are:

Robert Hoskins  
953 Rosemont Drive  
Panama City, FL 32405

### ARTICLE V INCORPORATOR

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

Troy Hoskins  
258 Smokerise Trace  
Peachtree City, GA 30269



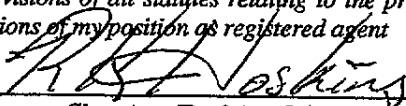
Signature/Incorporator

8/19/99

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 Agent

8-19-99

Date

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99 AUG 23 PM 4:18  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA