TRANSMITTAL LETTER PAPODOOT77099

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

300002970153--6 -08/25/99-01087-007 *****70.00 ******70.00

SUBJECT:	Α.	Hudson Financ	ial Ser	vices,	Inc.			
	414 84	(Prope	sed corporat	e name - mu	st include suffi		*··, *·	<u>.</u> .
Enclosed is an o	ngina	al and one(1) copy of t	he articles	of incorpo	ration and a c	check for:		
	\$70.00 \$78.75 Filing Fee Filing Fee & Certificate of Status		us	S78.75 Filing I & Certific	Fee ed Copy	Status \$87.50 Filing Fee, Certified Cop & Certificate Status		
FROM: Antonia R. Hudson Name (Printed or typed)								
							₹5 8	=

Coral Springs, FL 33065

954-346-3439

NOTE: Please provide the original and one copy of the articles.

City, State & Zip

Da time Telephone number

A 20 PM

ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Flo	rrida
Business Corporation Act, hereby adopts the following Articles of Incorporation.	

ARTICLE I

The name of the corporation shall be:

A. Hudson Financial Services, Inc.

PRINCIPAL OFFICE ARTICLE II

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

8493 N.W. 25th Pl. Coral Springs, FL 33065.

SHARES ARTICLE III

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

10,000

INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Antonia R. Hudson 8493 N.W. 25th Pl.

Coral Springs, FL 33065

INCORPORATOR

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

Antonia R. Hudson 8493 N.W. 25th Pl. Coral Springs, FL 33065

Date

(An additional article must be added if an effective date is requested.)

Having been named us registered agent and to accept se vice of process for the above stated corporation at the place designated in this certificate. I hereby accept the appointment as regist red 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

08 + 23 + 99

Date