TRANSMITTAL LETTER

P99000082520

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

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SUBJECT: THE HAGAN COMPANY				
Enclosed is an origin	(Proposed corp al and one(1) copy of the articl	es of incorporation and a c	·	
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL COP	\$87.50 Filing Fee, Certified Copy & Certificate of Status	
FROM:	300 N. KNI	Printed or typed) OWLES AVE # Address PARK, FL 36 State & Zip	\$SEE.	99 SEP 13 AM 8: 11
		elephone number	<u></u>	

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

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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.

FILED

99 SEP 13 AM 8: 12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

THE HAGAN COMPANY

ARTICLE II PRINCIPAL OFFICE

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

300 N. KNOWLES AVE #409 WINTER PARK, FL 32789

ARTICLE III SHARES

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

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

ROBERT GRANT DAY 300N. KNOWLES AVE #409 WINTER PARK, FL 32789

ARTICLE V INCORPORATOR

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

ROBERT GRANT DAY 300 N. KNOWLES AVE #409 WINTER PARK, FL 32789

Signature/Incorporator

9/9/99

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

Date