

P 15000052063

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

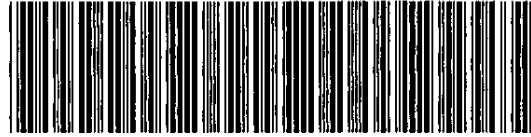
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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06/12/15--01021--002 **78.75

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15 JUN 12 PM 3:21
COUNTY CLERK
ALACHUA COUNTY, FLORIDA

js 6/17/15

COVER LETTER

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

SUBJECT: HERMES WATCH SERVICE INC
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are 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: HERMES WATCH SERVICE INC
Name (Printed or typed)
169 E FLAGLER STREET SUITE 824
Address
MAIMI, FL 33131
City, State & Zip
305-377-3427
Daytime Telephone number
HERMES@HERMESWATCHSERVICES.COM
E-mail address: (to be used for future annual report notification)

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15 JUN 12 PM 3:21
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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

EFFECTIVE DATE 07/01/15

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

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ARTICLE I NAME

The name of the corporation shall be: HERMES WATCH SERVICE INC

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ARTICLE II PRINCIPAL OFFICE

Principal street address

MAILING ADDRESS, IF DIFFERENT IS: STATE OF FLORIDA

169 EAST FLAGLER STREET SUITE 824

MIAMI, FL 33131

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: CONDUCT LEGAL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: HERMES BAS, PRESIDENT

Name and Title: _____

Address 169 EAST FLAGLER STREET SUITE 824

Address: _____

MIAMI, FL 33131

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____ Name and Title: _____
 Address _____ Address: _____

ARTICLE VI REGISTERED AGENT

The **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:

Name: HERMES BAS
 Address: 169 EAST FLAGLER STREET SUITE 824
MIAMI FL 33131

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 TALLAHASSEE, FLORIDA

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: HERMES BAS
 Address: 169 EAST FLAGLER STREET SUITE 824
MIAMI FL 33131

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: JULY 1, 2015 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

 Required Signature/Registered Agent

06/06/15
 Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

 Required Signature/Incorporator

06/06/15
 Date