

P 15000052063

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

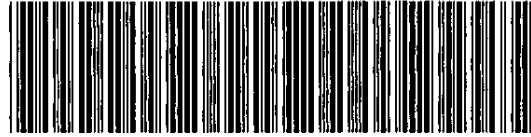
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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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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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

15 JUN 12 PM 3:21

**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