

FO1000002200
TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HRMC-SDA, Inc.
(Name of corporation - must include suffix)

Dear Sir or Madam:

900004045049--7
-04/23/01--01147--011
*****78.75 *****78.75

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida",
"Certificate of Existence", and check are submitted to register the above referenced foreign corporation
to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Debra Emmons

(Name of Person)

HRMC-SDA, Inc.

(Firm/Company)

2716 Hibiscus Ct

(Address)

Punta Gorda, FL 33950

(City/State and Zip code)

For further information concerning this matter, please call:

Debra Emmons

(Name of Person)

at (941) 639-2933

(Area Code & Daytime Telephone Number)

STREET ADDRESS:

Registration Section
Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

FILED
01 APR 23 PM 10:45
TALLAHASSEE, FL
STATE OF FLORIDA
DIVISION OF CORPORATIONS

Enclosed is a check for the following amount:

☐ \$70.00 Filing Fee

☐ \$78.75 Filing Fee &
Certificate of Status

☒ \$78.75 Filing Fee &
Certified Copy

☐ \$87.50 Filing Fee,
Certificate of Status &
Certified Copy

ymth
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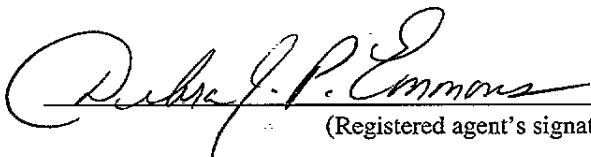
**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT
BUSINESS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.*

1. HRMC-SDA, Inc.
(Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)
2. New Hampshire 3. 02-0437311
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. January 9, 1990 5. Perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. Upon Qualification
(Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification.")
(SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)
7. 2716 Hibiscus Ct, Punta Gorda, FL 33950
(Principal office address)
- Same
(Current mailing address)
8. Any and all lawful business
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)
9. **Name and street address of Florida registered agent:** (P.O. Box or Mail Drop Box **NOT** acceptable)
- Name: Debra Emmons
- Office Address: 2716 Hibiscus Ct
Punta Gorda, Florida 33950
(City) (Zip code)

10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.


(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: Debra Emmons

Address: 2716 Hibiscus Ct

Punta Gorda, FL 33950

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: Debra Emmons

Address: 2716 Hibiscus Ct

Punta Gorda, FL 33950

Vice President: _____

Address: _____

Secretary: Debra Emmons

Address: 2716 Hibiscus Ct

Treasurer: Punta Gorda FL 33950

Address: _____

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. _____

(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. _____

DEBRA J. P. EMMONS, CEO

(Typed or printed name and capacity of person signing application)

State of New Hampshire

Department of State

CERTIFICATE OF EXISTENCE

I, William M. Gardner, Secretary of State of the State of New Hampshire, do hereby certify HRMC-SDA, INC. is a New Hampshire corporation duly incorporated under the laws of the State of New Hampshire on JANUARY 9, 1990. I further certify that all fees and annual reports required by the Secretary of State's office have been received and that articles of dissolution have not been filed.

In TESTIMONY WHEREOF, I hereto
set my hand and cause to be affixed
the Seal of the State of New Hampshire,
this 12th day of March, A.D. 2001



William M. Gardner
Secretary of State

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100103

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