

L2300026110

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

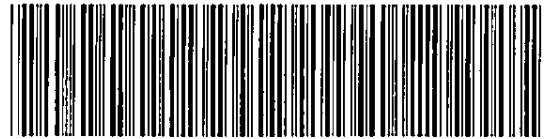
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



600441141916

12/20/24--01010--008 \*\*25.00

FILED

2024 DEC 20 AM 7:51

OFFICE OF STATE  
TALLAHASSEE, FL

AB

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: HM ADVISORS LLC  
(Name of Limited Liability Company)

The enclosed Articles of Dissolution and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ARMAND MASTANTUONO  
(Name of Person)

HM ADVISORS LLC  
(Firm/Company)

29 WELSHIRE LANE  
(Address)

PALM COAST FL 32164  
(City/State and Zip Code)

For further information concerning this matter, please call:

ARMAND MASTANTUONO at 440 759 1013  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee and Certificate of Dissolution

☒ \$55.00 Filing Fee, Certificate of Dissolution &  
Certified Copy (additional copy is enclosed)

**Mailing Address:**

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

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**ARTICLES OF DISSOLUTION  
FOR  
A LIMITED LIABILITY COMPANY**

**FILED**

1. The name of a limited liability company is

2024 DEC 20 AM 7:52

HM ADVISORS LLC

2. The Articles of Organization were filed on

5/2/23

SECRETARY OF STATE  
TALLAHASSEE, FL  
and assigned

document number L2300216110

3. The delayed effective date the dissolution if not effective on the date of filing: 12/31/24

(effective date cannot be prior to or more than 90 days later than date document is received for 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.

4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section 605.0707, Florida Statutes. (copy 605.0707 on back cover letter).

No longer in use. Moved on to other  
employment which restricts outside  
LLCs.

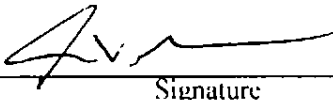
5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:

ARMAND MASTANTUONO

29 WEAVER LANE

ORLANDO COAST FL 32164

6. Signature of an authorized person or if there are no members, the signature of the person appointed and listed above to wind up the company's activities and affairs:

  
Signature

ARMAND MASTANTUONO  
Printed Name

**FILING FEE: \$25.00**

**Electronic Articles of Organization  
For  
Florida Limited Liability Company**

**L23000216110  
FILED 8:00 AM  
May 02, 2023  
Sec. Of State  
oisimmons**

**Article I**

The name of the Limited Liability Company is:  
HM ADVISORS LLC

**Article II**

The street address of the principal office of the Limited Liability Company is:  
9 OLD KINGS ROAD  
STE 123 #1124  
PALM COAST, FL. 32137

The mailing address of the Limited Liability Company is:  
9 OLD KINGS ROAD  
STE 123 #1124  
PALM COAST, FL. 32137

**Article III**

The name and Florida street address of the registered agent is:  
ARMAND MASTANTUONO  
29 WELLSHIRE LANE  
PALM COAST, FL. 32164

Having been named as registered agent and to accept service of process for the above stated limited liability company 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.

Registered Agent Signature: ARMAND MASTANTUONO

#### **Article IV**

The name and address of person(s) authorized to manage LLC:

Title: MGR  
ARMAND MASTANTUONO  
29 WELLSHIRE LANE  
PALM COAST, FL. 32164

Title: MGR  
THOMAS HILL  
2962 HOLLY LANE  
WESTLAKE, OH. 44145

**L23000216110**  
**FILED 8:00 AM**  
**May 02, 2023**  
**Sec. Of State**  
**oisimmons**

#### **Article V**

The effective date for this Limited Liability Company shall be:

05/01/2023

Signature of member or an authorized representative

Electronic Signature: ARMAND MASTANTUONO

I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that 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. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.

*State of Florida*  
*Department of State*

I certify the attached is a true and correct copy of the Articles of Organization of HM ADVISORS LLC, a limited liability company organized under the laws of the state of Florida, filed electronically on May 02, 2023 effective May 01, 2023, as shown by the records of this office.


I further certify that this is an electronically transmitted certificate authorized by section 15.16, Florida Statutes, and authenticated by the code noted below.

The document number of this limited liability company is L23000216110.

Authentication Code: 230503071117-200407788452#1

Given under my hand and the  
Great Seal of the State of Florida  
at Tallahassee, the Capital, this the  
Third day of May, 2023



  
Cord Byrd  
Secretary of State

# *State of Florida*

## *Department of State*

I certify from the records of this office that HM ADVISORS LLC, is a limited liability company organized under the laws of the State of Florida, filed electronically on May 02, 2023, effective May 01, 2023.

The document number of this company is L23000216110.

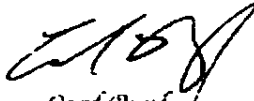
I further certify that said company has paid all fees due this office through December 31, 2023, and its status is active.

I further certify that this is an electronically transmitted certificate authorized by section 15.16, Florida Statutes, and authenticated by the code noted below.

Authentication Code: 230503071117-200407788452#1

Given under my hand and the  
Great Seal of the State of Florida  
at Tallahassee, the Capital, this the  
Third day of May, 2023



  
Cord Byrd  
Secretary of State