# N180000014109

(Requestor's Name)				
(Address)				
(Add	dress)			
(Cit	y/State/Zip/Phone	<del>: #)</del>		
PICK-UP	☐ WAIT	MAIL		
(Bu	siness Entity Nam	ne)		
(Document Number)				
Certified Copies	_ Certificates	of Status		
Special Instructions to Filing Officer:				





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02/06/18--01006--007 \*\*128.75

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### **COVER LETTER**

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

SUBJECT: HILSON MONOSEMENT IN-

Enclosed is an original and one (1) copy of the Certificate of Domestication and a check for:

## **FEES:**

Certificate of Domestication \$50.00
Articles of Incorporation and Certified Copy \$78.75
Total to domesticate and file \$128.75

### **OPTIONAL:**

Certificate of Status

\$ 8.75

NOVA LAKE 2d

Address

NOVA LAVELLALE FL 32008

City, State & Zip

U(12, 80), 0820

Daytime Telephone Number

	NOT FOR PROFIT			
	CERTIFICATE OF DOMESTICATION			
Th	e undersigned, AM Bally, CGO 99			
of .	(Name) (Title) : = a foreign Corporation (Corporation Name)			
in a	accordance with section 617.1803, Florida Statutes, does hereby certify:			
1.	The date on which corporation was first formed was FUOTUATY 10th, 2009.			
2.	The jurisdiction where the above named corporation was first formed, incorporated, or otherwise came into being was 00000000000000000000000000000000000			
3.	The name of the corporation immediately prior to the filing of this Certificate of Domestication was HISTO TOC.			
4.	The name of the corporation, as set forth in its articles of incorporation, to be filed pursuant to			
	s. 617.01201 and 617.0202 with this certificate is TILDON YNAM Jenent In			
5.	The jurisdiction that constituted the seat, siege social, or principal place of business or central administration of the corporation, or any other equivalent jurisdiction under applicable law, immediately before the filing of the Certificate of Domestication was			
6.	Attached are Florida articles of incorporation to complete the domestication requirements pursuant to s. 617.1803.			
I aı	or HIST MANAGEMENT INC			
anc	d am authorized to sign this Certificate of Domestication on behalf of the corporation and have done			
so	this the $\frac{3187}{100}$ day of $\frac{1000}{100}$ .			
	_aphs			
	(Authorized Signature)			
Filing Fee:				
	Certificate of Domestication \$50.00			
	Articles of Incorporation and Certified Copy <u>\$78.75</u> Total to domesticate and file \$128.75			

# ARTICLES OF INCORPORATION

In compliance with Chapter 617, F.S. (Not for Profit)

ARTICLE I NAME	
The name of the corporation shall be:	
HIST Management I	\((
11112011 11 Marketo Contrat	
ARTICLE II PRINCIPAL OFFICE	
The principal place of business/mailing address shall be:	
Principal Address	Mailing Address
, .	~
1431 Cow Lake Rd.	POBOX BUSII
	Myrante Fl 33093
	11 M GM C 10 33013
North Lauderdale F1	-
	<u> </u>
33068	
ARTICLE III PURPOSE	
The purpose for which the corporation is organized:	
HIST Management Marches:	III provide seculia to
111001(11001010101010101010101010101010	111 pro- 0 30 v 103 10
at YISK AND/OX YOMELES!	s populations.
W. T. T. W. T.	Y

ARTICLE IV MANNER OF ELECTION	
The manner in which the directors are elected or ap	
Initially appointed by	the Foundarica then neverther Thrown Votion
Other for elected &	neceptic Though Notice
Oll Wis Mic Citoria	110 3011 101 17 11 VOT
ARTICLE V INITIAL DIRECTORS AND	O/ OR OFFICERS
The name(s) and address(es) and specific title(s):	
Title/Name	Title/Name
Anni Bailer ( TO	Derex Bradley Treasurer
	2711 G GG
1931 We will by	1500 C 00
North Lauderdale H3304	00 New Albany Mi 30USZ
Title/Name	Title/Name
THEFINAME	THICANanic
Shanon Dim Seveta 267 Ce 217	$-\eta \chi$
267 62712	-0
<del>~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~</del>	
Octord ns 38455	
Title/Name	Title/Name
Shanda Atkinson-V.P.	
910 South Central apt d	
THO SOUTH WAITH WAY OF	_
NEW Albanyms 30452	

The name and Florida street address (P.O. Box NOT acceptable) of the	e registered agent is:
April Bailey	
1431 Cove Lake red	
NORTH LAUderdale FL 33028	
ARTICLE VII INCORPORATOR	
The <u>name and address</u> of the incorporator is:	
April Bailey	
1431 Care Lake Rd	
North Laudedail FL 33008	
******************	*******
Having been named as registered agent and to accept service of process for the above	e stated corporation at the place designated
in this certificate, I am familiar with and accept the appointment as registered agent of	
Osen	1.31.18
Signature/Registered Agent	Date_
and _	1.31.18
Signature/Incorporator	Date

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS