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### CORPORATION(S) NAME

Acknowledgment

W.P. Verifier

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Profit NonProfit	( ) Amendmer	nt	( ) Merger	CORPORA
( ) Foreign ( ) Limited Partnership ( ) Reinstatement	( ) Dissolution ( ) Annual Re ( ) Reservation	port	( ) Mark ( ) Other ( ) Change of Regis	
( ) Call When Ready ( ) Walk In	( ) Photo Cop  ( ) Call If Prot ( ) Will Wait		( ) Certificate Unde	r Seal
Name Availability Document Examiner		Cert	TFLED COPY	
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### ARTICLES OF INCORPORATION

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

HLMash inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

HLMash inc.

2 S. University dr. #215 Plantation, FL 33324

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time

100 shares e I dollar pur value

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS
The name and address of the initial registered agent is:

Brian Lynn

Two So. University dr. #215

Plantation , FL 33324

## ARTICLE V INCORPORATOR(S)

See instructions for officers/directors

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

Howard Mash, director and President 6694 Tiburar Cir Bora Raton, FC 33433

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

# CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

. The name of the corporation	nis: HLMash inc.	
	ine registered agent and office is:  (An Lynn (NAME)  (NAME)  (P.O. Box or Mail Drop Box NOT ACCEPTABLE)  (CITY/STATE/ZIP)	O1 JUL -3 PM 3: 14 SECRETARY OF STATE TALLAHASSEE FLORIDA

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

(SIGNATURE) (DATE)