

PO4000022603

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

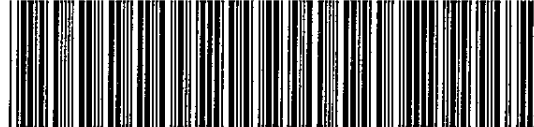
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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01/26/04--01029--002 **70.00

FILED

04 JAN 23 AM 10:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314


TRANSMITTAL LETTER

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

SUBJECT: HCSM ENTERPRISES, INC.
(Proposed corporate name-must include suffix)

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

\$70.00	\$78.75
Filing Fee	Filing Fee
	& Certificate

FROM: CASPER SMITH 
Name(Printed or typed)

4050 SW 1ST STREET
Address

PLANTATION, FL 33317
City, State & Zip

(954) 689-8645
Daytime Telephone number

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:

HCSM ENTERPRISES, INC.

ARTICLE II PRINCIPAL OFFICE

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

4050 SW 1ST STREET
PLANTATION, FL 33317


ARTICLE III SHARES

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

5000 common shares, par value \$1.00 per share

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS


The name and address of the initial registered agent is:

CASPER SMITH 
4050 SW 1ST STRET
PLANTATION, FL 33317

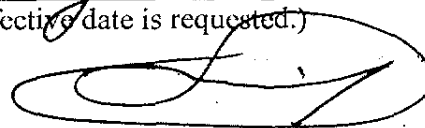
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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):

CASPER SMIT 
4050 SW 1ST STREET
PLANTATION, FL 33317

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this 20 day of January, 2004.
(An additional article must be added if an effective date is requested.)



Signature

Signature

Signature

Notarization is not required
**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.

1. The name of the corporation is: HCSM ENTERPRISES, INC.

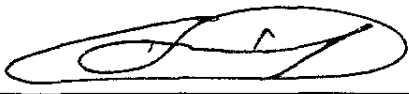
2. The name and address of the registered agent and office is:

CASPER SMITH
(Name)

4050 SW 1ST STREET
(P.O. Box or Mail Drop Box **NOT** Acceptable)

PLANTATION, FL 33317
(City/State/Zip)

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)

20/01/04
(Date)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA