NO. 1367 P. 1

# Florida Department of State

Division of Corporations Public Access System

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To:

Division of Corporations

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: (850)205-0381

From:

Account Name : YOUR CAPITAL CONNECTION, INC.

Account Number : I20000000257 Phone : (850)224-8870 Fax Number : (850)224-7047

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# FLORIDA PROFIT/NON PROFIT CORPORATION

#### HEMC ASSET MANAGEMENT CORPORATION

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# ARTICLES OF INCORPORATION **OF**

# HEMC ASSET MANAGEMENT CORPORATION

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

# ARTICLE I: NAME

The name of the corporation is HEMC ASSET MANAGEMENT CORPORATION

# ARTICLE II: PRINCIPAL OFFICE

The principal place of business is and mailing address of the corporation is 7333 Coral Way, Miami, FL 33155.

### ARTICLE III: CAPITAL STOCK

The number of shares of stock that this corporation is authorized to have outstanding at any one time is one thousand (1,000) shares having a par value of (\$1.00) per share.

#### ARTICLE IV: INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is Salvatore Davide, 7333 Coral Way, Miami, FL 33155.

#### ARTICLE V: INCORPORATOR

The name and address of the incorporator of these Articles of Incorporation is Your Capital Connection, Inc., 417 E. Virginia St., Suite 1, Tallahassee, FL 32301.

# ARTICLE VI: INDEMNIFICATION

The Corporation shall indemnify and may insure its officers and directors to the fullest extent permitted by law currently in effect or hereinafter enacted.

The undersigned has executed these Articles of Incorporation this 13th day of September 2006. Your Capital Connection, Inc., by Stacey Piland, Client Representative

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#### CERTIFICATE OF DESIGNATION

#### REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of section 607.0501, Florida Statutes, the mentioned 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.

	name of the corporation i	·	ASSET	MAJAGENE	<u> 20</u> 7
	name and street address o		and office is:		
· · · · · · · · · · · · · · · · · · ·	<b>PALVATORE</b>	DAVIDE, 7	333 COEA	e Way	<del></del>
	Minne, FL :	33/55		n#	<del></del>

HAVE 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.