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### Florida Department of State

Division of Corporations Public Access System

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## FLORIDA PROFIT/NON PROFIT CORPORATI

H & M TRAVEL & SERVICE, INC

Certificate of Status	O
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#### ARTICLE OF INCORPORATION

<u>OF</u>

H & M TRAVEL & SERVICE, INC

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

#### ARTICLE I NAME

The name of the corporation shall be: H & M TRAVEL & SERVICE, INC

The principal place of business of this corporation shall be:

1779 W 37 ST # 9 HIALEAH, FL 33012

#### ARTICLE II NATURE OF BUSINESS

This corporation may engage in or transact any or all lawful activities or business permitted under the laws of the United State, the State of Florida, or any other state, country, territory or nation.

#### ARTICLE III CAPITAL STOCK

The aggregate number of shares of stock and its par value that this corporation is authorized to have outstanding at any one time is:

100 X \$10.00 - \$1,000.00

#### ARTICLE IV TERM OF EXISTENCE

This corporation is to exist perpetually.

#### ARTICLE V OFFICERS DIRECTORS

The name(s) and street address(es) of the initial officer(s) if any, who shall hold office the first year of the corporation's existence or until their successor(s) is (are) elected, is (are):

HILDA M. VIGOA

DIRECTOR

1779 W 37 ST # 9

HIALEAH, FL 33012

#### ARTICLE VI INCORPORATOR (S)

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

HILDA M. VIGOA .

PRESIDENT, SECRETARY & TREASURER

(100 shares)

3615 W 13 AVE

HIALPAH, FL 33012

Signature/Title

Signature/Title

# CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

Fursuant to the provisions of sections 607.0501 or 617.0501, 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.

H & M TRAVEL & SERVICE, INC  The name and address of the registered agent and office (Name)  (Name)  3615 W 13 AVE  (P. O. BOX NOT ACCEPTABLE)	e ·
is HILDA M. VIGOA (Name) 3615 W 13 AVE	e ·
is HILDA M. VIGOA (Name)  3615 W 13 AVE	<b>.</b>
is HILDA M. VIGOA (Nama) 3615 W 13 AVE	e
(Name) 3615 W 13 AVE	<del></del>
3615 W 13 AVE	
(P. O. BOX NOT ACCEPTABLE)	
PETATORIS OF CONTO	
HIALEAH, FL 33012 (CITY/STATE/ZIP)	_
PROCESS FOR THE ABOVE STATED CORFORATION AT THE PLACE DE REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FOR AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES ATING TO THE PROPER AND COMPLETE PERFORMACE OF MY DUTIES I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY ITION AS MY POSITION AS REGISTERED AGENT.	ÜR
SIGNATURE / Where	1
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DATE 6-3-07	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
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