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(Requestor's Name)

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(Address)

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(City/State/Zip/Phone #)

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(Business Entity Name)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APPROVED  
AND  
FILED

## COVER LETTER

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

**SUBJECT:** HEMALIMO, Inc

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

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

☐ \$70.00  
Filing Fee

☒ \$78.75  
Filing Fee  
& Certificate of Status

☐ \$78.75  
Filing Fee  
& Certified Copy

☐ \$87.50  
Filing Fee,  
Certified Copy  
& Certificate of  
Status

**ADDITIONAL COPY REQUIRED**

FROM: Michael Rampersaud

Name (Printed or typed)

4932 Heartland Street

Address

Orlando, FL 32829

City, State & Zip

407-967-1990

Daytime Telephone number

**NOTE: Please provide the original and one copy of the articles.**

# ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

## ARTICLE I NAME

The name of the corporation shall be:

HEMALIMO, Inc

## ARTICLE II PRINCIPAL OFFICE

The principal street address and mailing address, if different is:

4932 Heartland Street, Orlando FL 32829

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

For Profit

## ARTICLE IV SHARES

The number of shares of stock is:

100

## ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

Rampersaud, M  
4932 Heartland Street  
Orlando, FL 32829  
(President)

## ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Michael Rampersaud  
4932 Heartland Street  
Orlando, FL 32829

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Michael Rampersaud  
4932 Heartland Street  
Orlando, FL 32829

\*\*\*\*\*

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Michael Rampersaud

Signature/Registered Agent

4/16/09

Date

Michael Rampersaud

Signature/Incorporator

4/16/09

Date

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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