

P10000098923

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

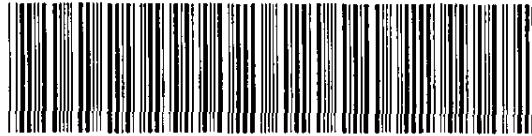
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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12/07/10--01010--018 **70.00

RECEIVED

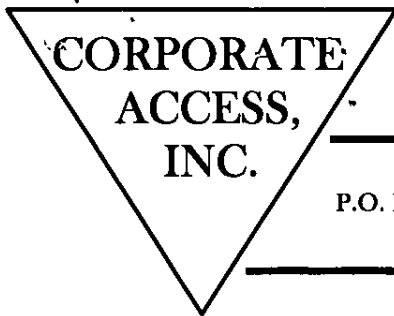
10 DEC -7 AM 11:15

DEPT. OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

SECRETARY OF STATE
DIVISION OF CORPORATIONS

2010 DEC -7 AM 7:40

12/8/10



When you need ACCESS to the world

236 East 6th Avenue Tallahassee, Florida 32303
P.O. Box 37066 (32315-7066) (850) 222-2666 or (800) 969-1666 Fax (850) 222-1666

WALK IN

PICK UP: 12/7 Emily G.

- ☐ CERTIFIED COPY _____
- ☒ PHOTOCOPY _____
- ☐ CUS _____
- ☒ FILING Inc. _____

1. Hybrid Capital Group, Inc.
(CORPORATE NAME AND DOCUMENT #)

2. _____
(CORPORATE NAME AND DOCUMENT #)

3. _____
(CORPORATE NAME AND DOCUMENT #)

4. _____
(CORPORATE NAME AND DOCUMENT #)

5. _____
(CORPORATE NAME AND DOCUMENT #)

6. _____
(CORPORATE NAME AND DOCUMENT #)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
2010 DEC -7 AM 7:40

SPECIAL INSTRUCTIONS:

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: Hybrid Capital Group, Inc.

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ARTICLE II PRINCIPAL OFFICE

Principal street address
c/o Victor Hanna
1521 Alton Road, #528
Miami Beach, FL 33139

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Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Consultant to start-up companies

ARTICLE IV SHARES

The number of shares of stock is: 1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Victor Hanna, President, CFO, & Director	Name and Title: _____
Address: 1521 Alton Road, #528	Address: _____
Miami Beach, FL 33139	_____

Name and Title: Linda Lujan, Secretary	Name and Title: _____
Address: 1521 Alton Road, #528	Address: _____
Miami Beach, FL 33139	_____

Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____

ARTICLE VI REGISTERED AGENT

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

Name: Paracorp Incorporated
Address: 236 East 6th Avenue
Tallahassee, FL 32303

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Michael Hackman, c/o Lewitt Hackman
Address: 16633 Ventura Boulevard, Suite 1100
Encino, CA 91436

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
Paracorp Incorporated

By: Michael Hackman, NINH Ho, ASST. SECRETARY 12/6/10
Required Signature/Registered Agent Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Michael Hackman, Esq. 12/3/10
Required Signature/Incorporator Date