P11000024697

(Requestor's Name)				
· (Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructional to Eiling Office Tongorchini				
AUTHO PHONE TO				
DO: 95				

Office Use Only



400195535084

02/22/11--01051--010 **78.75

MAR 14 PH 2: (

Ps 3/14/11

COVER LETTER

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

SUBJECT: Hercom 5 Inc.	
(PROPOSED CORPORA	ATE NAME – <u>MUST INCLUDE SUFFIX</u>)
Enclosed are an original and one (1) copy of the art	ticles of incorporation and a check for:
\$70.00 \$78.75 Filing Fee & Certificate of Status	\$78.75 \$87.50 Filing Fee Filing Fee, & Certified Copy & Certificate of Status
	ADDITIONAL COPY REQUIRED
FROM: Jose Hernandez	Colombari
Nam	e (Printed or typed)
8730 N Hime	s Ave Apt 1015
	Address
Tampa, FL	33614 . State & Zip
813-270-4	1119
Daytime	Геlephone number
_ hercom5D	gmail. Com
E-man address: (to be use	tu ioi iuluie amiuai report nomicanoni

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



February 25, 2011

JOSE HERNANDEZ COLOMBARI 8730 N HIMES AVE APT 1015 TAMPA, FL 33614

SUBJECT: HERCOM5 INC. Ref. Number: W11000011203

We have received your document for HERCOM5 INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please state the name of the corporation in Article I.

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

If you have any further questions concerning your document, please call (850) 245-6901.

Letter Number: 511A00004823

Pamela Smith Regulatory Specialist II New Filing Section

www.sunbiz.org

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

ARTICLE I	NAME	~~	FILED
The name of the c	corporation shall be: Hercorns Ir	C,	'4 · +
ARTICLE II	PRINCIPAL OFFICE		11 MAR 14 PM 2: 02
	Principal street address 8730 N Himes Ave APT 1015	Mailing ac	Idress, if different is:
	Tampa, FL BBLELY		TALLAUASSEE ELAST
ARTICLE III	PURPOSE		
	which the corporation is organized is:		
		•	
ARTICLE IV			
The number of sh	ares of stock is: /60		
ARTICLE V	INITIAL OFFICERS AND/OR DIRECTORS	S	
Name and	Title: Hebecca A Bolons Cordero P_ 8730 N Himes Ave APT 1015	Name and Title:	
Address:	Tampa, FL 33614	Address:	
	10001100110011		
Nome and	Pielo.	Name and Title	
Address:	Title:		
Name and 7	Fitle:	Name and Title:	
Address:			
		· · · · · · · · · · · · · · · · · · ·	
	•		
ARTICLE VI	<u>REGISTERED AGENT</u> lorida street address (P.O. Box NOT acceptable) of	the registered exect is:	
Name:	Tose Herandez Colon Mar		
Address:	8730 N Himes Ave Apt 1015	•	
	Tampa, FL 33614	•	•
ARTICLE VII	INCORPORATOR		
	Idress of the Incorporator is:	2	
Name: Address:	Tose Hernardez Colomba 8730 11 Himes Ave Apri	NS	
71001000.	Tam Da FL 331014		
Uasina baan nan		for the above stated corne	nation at the place decimanted in
this certificate, I	ned as registered agent to accept service of process am familiar with and accept the appointment as regis	jor ine above statea corpo stered agent and agree to ac	ration at the place designated in ct in this capacity
,	1/11/1		
	°°		02-18-2011 Date
	Required Signature Registered Agent		Date
I submit this doc	cument and affirm that the facts stated herein are	true. I am aware that the	false information submitted in a
document to the l	Department of State constitutes a third degree felony	as provided for in s.817.15	5, F.S.
	L 1 00		27 - 14 - 2011
	Required Signature/Incorporator		02-18-2011 Date