

P11000048546

(Requestor's Name)

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☐ PICK-UP

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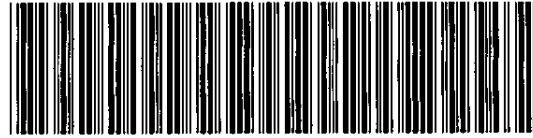
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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05/19/11--01016--019 **78.75

RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA
11 MAY 23 AM 8:10
NOT RETURNED
TO ACKNOWLEDGE
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5/20
88

211000027782

LAZARUS
CORPORATE FILING SERVICE

3320 SW 87TH AVENUE

MIAMI, FL 33165 (305) 552-5973

APPROVED
AND
FILED

11 MAY 23 AM 8:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. H. M. M. S., Corp.
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

- ☒ Walk in ☒ Pick up time 2:06 ☒ Certified Copy
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS

- ☒ Profit
☐ Not for Profit
☐ Limited Liability
☐ Domestication
☐ Other

OTHER FILINGS

- ☐ Annual Report
☐ Fictitious Name

AMENDMENTS

- ☐ Amendment
☐ Resignation of R.A., Officer/Director
☐ Change of Registered Agent
☐ Dissolution/Withdrawal
☐ Merger

REGISTRATION/QUALIFICATION

- ☐ Foreign
☐ Limited Partnership
☐ Reinstatement
☐ Trademark
☐ Other

Examiner's Initials



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 20, 2011

LAZARUS CORPORATE FILING SERVICE

SUBJECT: H.M.M.S., CORP.
Ref. Number: W11000027782

RECEIVED
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DIVISION OF CORPORATIONS
2011 MAY 23 AM 10:56
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TALLAHASSEE, FLORIDA

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RECEIVED
MAY 23 2011

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

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6995.

Jessica A Fason
Regulatory Specialist II

Letter Number: 311A00012522

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: HIJOS MATEO & MARIA SANCHEZ, CORP.

ARTICLE II PRINCIPAL OFFICE

Principal street address
420 N.W. 136 Ave.
Miami, FL 33182

Mailing address, if different is:
420 N.W. 136 Ave.
Miami, FL 33182

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

The purpose for which the Corporation is organized is to engage in any activities in any activities or business permitted under the law of the United States and Florida.

ARTICLE IV SHARES

The number of shares of stock is: Seven Thousand (7,000) Shares of Capital Stock, one dollar par value each.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Juan M. Sanchez- President
Address: 420 N.W. 136 Ave.
Miami, FL 33182

Name and Title: _____
Address: _____

Name and Title: Maria De Los Angeles Sanchez- Secretary
Address: 420 N.W. 136 Ave.
Miami, FL 33182

Name and Title: _____
Address: _____

Name and Title: Maria Argentina Sanchez- Treasurer
Address: 420 N.W. 136 Ave.
Miami, FL 33182

Name and Title: _____
Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: Juan E. Valdes, Esq.
Address: 4160 W. 16th Ave., Suite 402
Hialeah, FL 33012

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Juan E. Valdes, Esq.
Address: 4160 W. 16th Ave., Suite 402
Hialeah, FL 33012

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

[Signature]
Required Signature/Registered Agent

5-18-11
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.

[Signature]
Required Signature/Incorporator

5-18-11
Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
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