

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850) 617-6381

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 222-1092
Fax Number : (850) 878-5368

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION
HMT Events, Inc.

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$78.75

RECEIVED
11 AUG 22 PM 4: 56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PS 8/23/11

COVER LETTER

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

SUBJECT: HMT Events, 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: Lorie Piotrowski c/o Benesch, Friedlander, Coplan & Aronoff LLP
Name (Printed or typed)

200 Public Square, Suite 2300

Address

Cleveland, Ohio 44114

City, State & Zip

216-363-4683

Daytime Telephone number

lp Piotrowski@benschlaw.com

E-mail address: (to be used for future annual report notification)

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)

11 AUG 22 AM 9:15

ARTICLE I NAME

The name of the corporation shall be: HMT Events, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address
11812 Windmill Lake Drive
Boynton Beach, Florida 33473

Mailing address, if different is:

151 Orchardview Road
Seven Hills OH 44131-5836

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

(i) to create and manage events used as incentives for consumers and/or employees of clients; (ii) manage travel plans; (iii) on-site consulting at events; and (iv) book employee travel for HMT Associates, Inc. In addition, the Company may engage in any other lawful activity permissible under Florida Corporate Law.

ARTICLE IV SHARES

The number of shares of stock is: One Thousand (1,000) shares of Common Stock

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Patricia Conti, Director, Pres. Sec. & Treasurer	Name and Title: Amanda Conti, Asst. Secretary
Address: 11812 Windmill Lake Drive Boynton Beach, FL 33473	Address: 11812 Windmill Lake Drive Boynton Beach, FL 33473

Name and Title: James Conti, Director and Vice President
Address: 11812 Windmill Lake Drive
Boynton Beach, FL 33473

Name and Title: _____
Address: _____

Name and Title: Richard Einhaus, Director and
Address: Senior VP of Business Development
11812 Windmill Lake Drive
Boynton Beach, FL 33473

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: C T Corporation System
Address: 1200 South Pine Island Road
Plantation, Florida 33324

ARTICLE VII INCORPORATOR

The name and address of the incorporator is:

Name: Lorie Piotrowski
Address: 200 Public Square, Suite 2300
Cleveland, Ohio 44114

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
C T Corporation System

By:

Joyce Gilbert

Required Signature/Registered Agent

Joyce Gilbert, Asst. Secretary

8-22-11

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.

Lorie Piotrowski

Required Signature/Incorporator

8-12-11

Date