P1200023018

(Requestor's	Name)		
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP W	AIT MAIL		
(Business Entity Name)			
(Document Number)			
Certified Copies Cer	tificates of Status		
Special Instructions to Filing Officer:			
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Office Use Only



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COVER LETTER

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

SUBJECT: HMD & GFY MARKET	ING, INC.
(PROPOSED CORPORA	TE NAME – <u>MUST INCLUDE SUFFIX</u>)
Enclosed are an original and one (1) copy of the art	icles of incorporation and a check for:
\$70.00 \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED
TROM JAVIED CANDIA	
FROM: JAVIER GANDIA	e (Printed or typed)
14412 ROSEWOOD RC	OAD Address
HIALEAH, FL 33014	State & Zip
954-260-0859 Daytime T	elephone number
JAVIERGGANDIA@YAF E-mail address: (to be use	HOO.COM d 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 SECRETARY OF STATE OF CORPORATIONS

ARTICLE I	NAME HAD & GEV MARKE		CONFUNATIONS
	NAME: HMD & GFY MARKE orporation shall be:	TING, INC.	12 MAR -7 PM 3: 21
ARTICLE II	PRINCIPAL OFFICE		
	Principal street address	Mail	ing address, if different is:
_	14412 ROSEWOOD ROAD		
7.	MAMI, FL 33014		
-		-	
ARTICLE III	PURPOSE		
	hich the corporation is organized is:		
SALES OF H	IOUSEHOLD GOODS		
ARTICLE IV	SHARES		
The number of shar	res of stock is:100		
ARTICLE V	INITIAL OFFICERS AND/OR DIRECT	ORS	
Name and Ti	itle:JAVIER GANDIA, PRES	Name and Title:	
Address:	14412 ROSEWOOD ROAD	Address:	
	MIAMI, FL 33014	<u> </u>	
	itle:	Name and Title:	
Address:		Address:	
			
	itle:		<u> </u>
Address:			
	-		
A DOTOT IN TIT	DECIGERRA ACRAM		
	REGISTERED AGENT rida street address (P.O. Box NOT acceptable	a) of the registered agent is:	
Name:	JAVIER GADRIA	. 0	
Address:	14412 ROSEWOOD LOOK		
	Mami, 76 38014		
ARTICLE VII	INCORPORATOR		
he <u>name and add</u>	Iress of the Incorporator is:		
Name:	JAVIER GANDIA		
Address:	14412 ROSEWOOD ROAD		
	MIAMI, FL 33014		
Having been name	ed ax registered agent to accept service of pro	cess for the above stated	corporation at the place designated i
his certificate, I an	n familiar with and accept the appointment as	registered agent and agree	e to act in this capacity
\rightarrow			12215
<u> </u>	Y / A		X 3.3.15
/	Required Signature/Registered Agent		Date
submit this docu	ment and affirm that the facts stated herein	are true. I am aware that	the false information submitted in
locument to the De	epartment of State constitutes a third degree fe	lony as provided for in s.8	17.155, F.S.\
V	\rightarrow /\		X 7 7.10
			/
	Required Signature/Incorporator		Date