

P1200078966

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

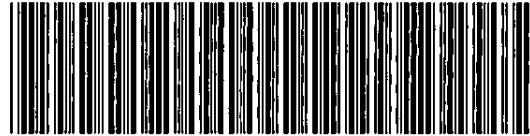
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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09/17/12--01013--016 **78.75

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 SEP 17 PM 1:18

PS g/1/12

COVER LETTER

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

SUBJECT: Hammocks Recovery, 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: William Leon

Name (Printed or typed)

8245-5 NW 36 ST

Address

Miami, FL 33166

City, State & Zip

305-599-0066

Daytime Telephone number

leonvilhelm@yahoo.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)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

ARTICLE I NAME Hammocks Recovery, Inc.
The name of the corporation shall be:

12 SEP 17 PM 1:18

ARTICLE II PRINCIPAL OFFICE

Principal street address
8245-5 NW 36 ST
Miami, FL 33166

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
"Professional Corporation"

ARTICLE IV SHARES

The number of shares of stock is: 10,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: William Leon (President)
Address: 8245-5 NW 36 ST
Miami, FL 33166

Name and Title: Juan Puig (Secretary)
Address: 8245-5 NW 36 ST
Miami, FL 33166

Name and Title:
Address:

Name and Title:
Address:

Name and Title:
Address:

Name and Title:
Address:

ARTICLE VI REGISTERED AGENT

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

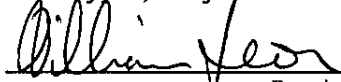
Name: William Leon
Address: 8245-5 NW 36 ST
Miami, FL 33166

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: William Leon
Address: 8245-5 NW 36 ST
Miami, FL 33166

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

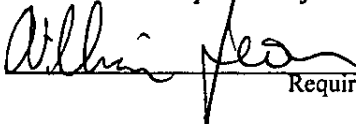


Required Signature/Registered Agent

9-13-12

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.



Required Signature/Incorporator

9-13-12

Date