

P130000073034

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

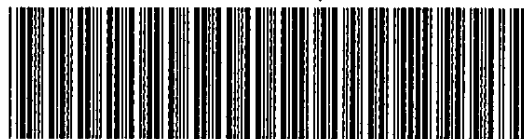
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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08/30/13--01016--001 **78.75

1057
SECRETARY OF STATE
DIVISION OF CORPORATIONS
13 AUG 30 PM 2:17

COVER LETTER

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

SUBJECT: HM CLASSICS, 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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

<input checked="" type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: Howard A. Mednick
Name (Printed or typed)

2706 Coastal Range Way
Address

Lutz, FL 33559
City, State & Zip

813-949-0009
Daytime Telephone number

hm49a@aol.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)

ARTICLE I NAME

The name of the corporation shall be: HM CLASSICS, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

2706 Coastal Range Way

Lutz, FL 33559

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

any and all activity or business permitted under the laws of the United States
of America, and the State of Florida, including but not limited to the purchase,
restoration and sale of classic automobiles.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Howard A. Mednick, Pres

Address: 2706 Coastal Range Way
Lutz, FL 33559

Name and Title: _____

Address: _____

Name and Title: Barbara Patterson, VP

Address: 2706 Coastal Range Way
Lutz, FL 33559

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

(conti.)

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: Barbara Patterson
Address: 2706 Coastal Range Way
Lutz, FL 33559

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Howard A. Mednick
Address: 2706 Coastal Range Way
Lutz, FL 33559

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

Barbara Patterson

Required Signature/Registered Agent

8/28/13

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.

Howard A. Mednick

Required Signature/Incorporator

8/28/13

Date

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DIVISION OF CORPORATIONS
STATE OF FLORIDA