

P130000 89251

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MD 10/31

**COVER LETTER**

**TO:** Charter Section  
Division of Corporations

**SUBJECT:** HMS DISTRIBUTORS, INC.

Name of Resulting Florida Profit Corporation

The enclosed Certificate of Conversion, Articles of Incorporation, and fees are submitted to convert an "Other Business Entity" into a "Florida Profit Corporation" in accordance with s. 607.1115, F.S.

Please return all correspondence concerning this matter to:

JUAN HIDALGO

Contact Person

HMS DISTRIBUTORS, INC.

Firm/Company

3250 NW 107 AVE.

Address

DORAL, FL 33172

City, State and Zip Code

juanhidalgo@jnrecords.com

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

For further information concerning this matter, please call:

MIRIAM AMORIN at (305) 629-8880

Name of Contact Person

Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$105.00 Filing Fees

☐ \$113.75 Filing Fees  
and Certificate of  
Status

☐ \$113.75 Filing Fees  
and Certified Copy

☐ \$122.50 Filing Fees,  
Certified Copy, and  
Certificate of Status

**STREET ADDRESS:**

Charter Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**MAILING ADDRESS:**

Charter Section  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

**Certificate of Conversion**

For

**"Other Business Entity"**

Into

**Florida Profit Corporation**

This Certificate of Conversion **and attached Articles of Incorporation** are submitted to convert the following **"Other Business Entity"** into a **Florida Profit Corporation** in accordance with s. 607.1115, Florida Statutes.

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1. The name of the "Other Business Entity" immediately prior to the filing of this Certificate of Conversion is:

**HMS DISTRIBUTORS, INC.**

**F97000004711**

Enter Name of Other Business Entity

2. The "Other Business Entity" is a **CORPORATION**  
(Enter entity type. Example: limited liability company, limited partnership, general partnership, common law or business trust, etc.)

first organized, formed or incorporated under the laws of **NEW YORK**  
(Enter state, or if a non-U.S. entity, the name of the country)

on **FEBRUARY 12, 1992**  
Enter date "Other Business Entity" was first organized, formed or incorporated

3. If the jurisdiction of the "Other Business Entity" was changed, the state or country under the laws of which it is now organized, formed or incorporated:

**N/A**

4. The name of the Florida Profit Corporation as set forth in the **attached Articles of Incorporation:**

**HMS DISTRIBUTORS, INC.**

Enter Name of Florida Profit Corporation

5. If not effective on the date of filing, enter the effective date: \_\_\_\_\_  
(The effective date: 1) cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State; **AND** 2) must be the same as the effective date listed in the attached Articles of Incorporation, if an effective date is listed therein.)

Signed this 28 day of OCTOBER, 2013.

**Required Signature for Florida Profit Corporation:**

Signature of Chairman, Vice Chairman, Director, Officer, or, if Directors or Officers have not been selected, an Incorporator: Juan Hidalgo

Printed Name: JUAN HIDALGO Title: PRESIDENT

**Required Signature(s) on behalf of Other Business Entity:** [See below for required signature(s).]

Signature: Juan Hidalgo

Printed Name: JUAN HIDALGO Title: PRESIDENT

Signature: Nelson Estevez

Printed Name: NELSON ESTEVEZ Title: VICE PRESIDENT

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

**If Florida General Partnership or Limited Liability Partnership:**

Signature of one General Partner.

**If Florida Limited Partnership or Limited Liability Limited Partnership:**

Signatures of ALL General Partners.

**If Florida Limited Liability Company:**

Signature of a Member or Authorized Representative.

**All others:**

Signature of an authorized person.

**Fees:**

Certificate of Conversion:	\$35.00
Fees for Florida Articles of Incorporation:	\$70.00
Certified Copy:	\$8.75 (Optional)
Certificate of Status:	\$8.75 (Optional)

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TALLAHASSEE, FLORIDA

**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: HMS DISTRIBUTORS, INC.

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

Principal street address

Mailing address, if different

3250 NW 107 AVE.  
DORAL, FL 33178

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

The corporation is organized for the purpose of transacting any or lawful  
business for corporations organized under the Fla. Business Corporation  
Act of the State of Florida.

**ARTICLE IV SHARES**

The number of shares of stock is: 200 / issued as follows: Juan Hidalgo 50 / Nelson Estevez 50

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Juan Hidalgo / President

Address: 8001 SW 64 St.  
Miami, FL 33149

Name and Title: Nelson Estevez / Vice President

Address: 7835 SW 119 Road  
Miami, FL 33183

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: Juan Hidalgo

Address: 8001 SW 64 St.  
Miami, FL 33149

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA


**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Juan Hidalgo  
Address: 8001 SW 64 St.  
Miami, FL 33149

\*\*\*\*\*

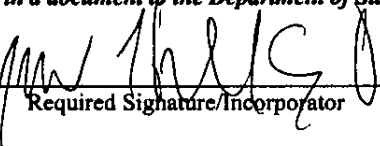
*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*

  
Required Signature/Registered Agent

10/28/2013

Date

*I submit this document and affirm that the facts stated herein are true. I am aware that any 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

10/28/2013

Date