

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To: Division of Corporations
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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
HERMIDA'S BACK HOE SERVICE, CORP.

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$78.75

76645

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Corporate Filing Menu

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YND 6/26

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COVER LETTER

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

SUBJECT: Heemida's Back the Service Corp.
(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: Maida Band
Name (Printed or typed)

17800 SW 17th Street
Address

Miami, FL 33187
City, State & Zip

(786) 357-6430
Daytime Telephone number

maidaandchichi@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)

ARTICLE I NAME

The name of the corporation shall be: Heemida's Back Hoe Service, Corp.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

17800 SW 176th Street
Miami, FL 33187

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TALLAHASSEE
FLORIDA

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ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ANY AND ALL LAWFUL
BUSINESS

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: MAYDA Bero/President Name and Title: _____

Address 17800 SW 176th Address: _____

Street

Miami, FL 33187

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

(cont.)

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: Mayda Band
Address: 17800 SW 176th Street
MIAMI, FL. 33187

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Mayda Band
Address: 17800 SW 176th Street
MIAMI, FL. 33187

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

Mayda Band
Required Signature/Registered Agent

6/25/14
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 §817.155, F.S.

Mayda Band
Required Signature/Incorporator

6/25/14
Date

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