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Florida Department of State  
Division of Corporations  
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## To:

Division of Corporations  
Fax Number : (850) 617-6381

## From:

Account Name : PADRO AND COMPANY, P.A.  
Account Number : I20050000094  
Phone : (305) 500-9361  
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

14 OCT 10 AM 11:40

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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: raquela@padrocpa.com

## FLORIDA PROFIT/NON PROFIT CORPORATION

## Hills Grove Corporation

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$78.75

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**ARTICLES OF INCORPORATION**

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

16 OCT 10 AM 11:40

**ARTICLE I NAME**

The name of the corporation shall be:

**Hills Grove Corporation**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE II PRINCIPAL OFFICE**

Principal ~~street~~ address

Mailing address, if different is:

**900 Biscayne Blvd**

**Suite 5706**

**Miami FL 33132**

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

**ARTICLE IV SHARES**

The number of shares of stock is:

**5,500 @ 0.01cent**

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

Name and Title: **Isabel Calama PTSD**

Name and Title:

Address

**900 Biscayne Blvd**

Address:

**suite 5706**

**Miami FL 33132**

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

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Name and Title: _____	Name and Title: <u>SECRETARY OF STATE</u>
Address: _____	Address: <u>TALLAHASSEE, FLORIDA</u>
_____	_____
_____	_____

**ARTICLE VI REGISTERED AGENT**

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

Name: Jose F. Padro  
Address: 2520 NW 97 Ave, Suite 120,  
Miami, FL 33172

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Isabel Calama  
Address: 900 Biscayne Blvd ,  
Miami, FL 33132

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

<u>Jose F. Padro</u>	<u>10/10/2014</u>
Required Signature/Registered Agent	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.

<u>Isabel Calama</u>	<u>10-8-2014</u>
Required Signature/Incorporator	Date