

P1500002029

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H15000054612 3)))



H150000546123ABCY

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

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

From:

Account Name : CORP USA
Account Number : 072450003255
Phone : (305) 634-3694
Fax Number : (305) 633-9696

****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
HDC SERVICES, INC.**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

Electronic Filing Menu

Corporate Filing Menu

Help

FILED
15 MAR -3 AM 9:08
STATE DEPT OF STATE
TALLAHASSEE FLORIDA
15 MAR -3 PM 3:58
RECEIVED
STATE DEPT OF STATE
TALLAHASSEE FLORIDA
60214

H15000054612

3

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: HDC SERVICES, INC.

ARTICLE II PRINCIPAL OFFICE
Principal street address

625 NW 5TH COURT
HALLANDALE BEACH FL 33009

Mailing address, if different is:

625 NW 5TH COURT
HALLANDALE BEACH FL 33009

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: GENERAL PURPOSE

ARTICLE IV SHARES 1000
The number of shares of stock is:

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: COREY B JOHNSON - PRES
Address: 625 NW 5TH COURT
HALLANDALE BEACH FL 33009

Name and Title: HARVEY SOLOMON - VP
Address: 10351 NW 11TH STREET
PLANTATION FL 33322

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

FILED
15 MAR -3 AM 9:09
SECRETARY OF STATE
TALLAHASSEE FLORIDA

(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: COREY B JOHNSON
Address: 625 NW 5TH COURT
HALLANDALE BEACH FL 33009

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: COREY B JOHNSON
Address: 625 NW 5TH COURT
HALLANDALE BEACH FL 33009

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

Corey B. Johnson
Required Signature/Registered Agent

03/03/2015

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.

Corey B. Johnson
Required Signature/Incorporator

03/03/2015

Date

FILED
15 MAR -3 AM 9:00
SECRETARY OF STATE
TALLAHASSEE FLORIDA