

P15000060935

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

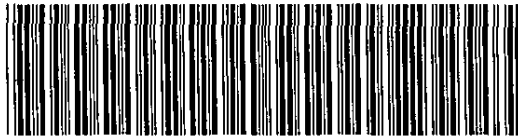
Special Instructions to Filing Officer:

Office Use Only

W1500045356

JUL 22 2015

T. SCOTT



900274267429

06/29/15--01008--027 **78.75

15 JUL 20 AM 10:50



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 6, 2015

HAROLD CUERVO
701 S. OLIVE AVE, SUITE 1005
WEST PALM BEACH, FL 33401

SUBJECT: HC CONSOLIDATED SERVICES, INC.
Ref. Number: W15000045356

We have received your document for HC CONSOLIDATED SERVICES, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

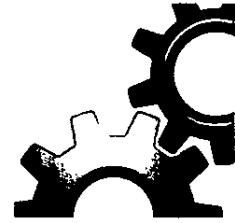
The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Tyrone Scott
Regulatory Specialist II
New Filings Section

Letter Number: 715A00014012



HC Consolidated Services, Inc.

July 16, 2015

Tyrone Scott
Division of Corporation
PO. BOX 6327
Tallahassee, FL 32314

RE: Ref Number W15000045356

Dear Mr. Scott,

Attached please find the Articles of Incorporations with the correct number of shares of authorized stock, a total of 100 shares. The filing fee was previously submitted with the initial application. Copy of letter number: 715A00014012 enclosed.

If you have any questions, do not hesitate to contact us.

Sincerely,

Harold Cuervo
President
HC Consolidated Services Inc.

RECEIVED
15 JUL 20 PM 12:51

COVER LETTER

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

SUBJECT: HC Consolidated Services, 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

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status
ADDITIONAL COPY REQUIRED

FROM: Harold Cuervo

Name (Printed or typed)

701 S Olive Ave. Suite 1005

Address

West Palm Beach, FL 33401

City, State & Zip

561-319-1749

Daytime Telephone number

harold.cuervo@me.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: HC Consolidated Services, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

701 S. Olive Ave.

Suite 1005

West Palm Beach

FL 33401

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To engage in several professional services

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Harold Cuervo, President

Name and Title: Sandra Echeverry, Executive director

Address 701 S. Olive Ave,

Address: 701 S. Olive Ave.

Suite 1005

Suite 1005

West Palm Beach, FL 33401

West Palm Beach, FL 33401

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

15 JUL 20 AM 10:50

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: Sandra Echeverry

Address: 701 S. Olive Ave. Suite 1005

West Palm Beach, FL 33401

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Harold Cuervo

Address: 701 S. Olive Ave. Suite 1005

West Palm Beach, FL 33401

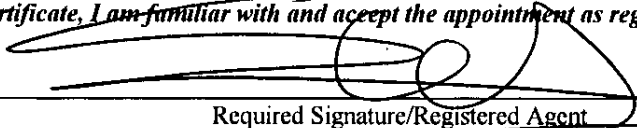
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

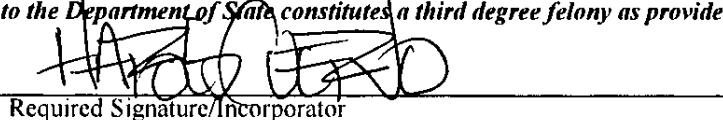


Required Signature/Registered Agent

7/16/2015

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.



Required Signature/Incorporator

7/16/2015

Date