

PI5000081103

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

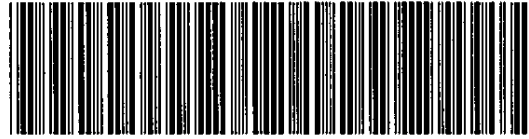
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2015 SEP 25 PM 3:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

• OCT -1 2015

T. BROWN

COVER LETTER

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

SUBJECT: HSRAMERICA 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: RONALD C. IVERSON
Name (Printed or typed)

8454 111TH STREET, Apt 307
Address

SEMINOLE, FL, 33772
City, State & Zip

352-408-8828
Daytime Telephone number

IVERSONINTL@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: HSRAMERICA INC.

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address

8454 111TH STREET
APT. 307
SEMINOLE, FL 33772

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: TO STUDY the possibility of
SETTING up TRANSPORTATION SYSTEMS AND THEN ARRANGING
FOR THE TRANSPORTATION SYSTEMS AND NECESSARY ACCESSORIES AND
SERVICES TO BE BUILT AND OPERATED PROFITABLY THROUGH
DIRECT OWNERSHIP OR IN COOPERATION WITH THIRD PARTIES.

ARTICLE IV SHARES

The number of shares of stock is: 10,000 SHARES

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: RONALD C. IVERSON, CEO Name and Title: _____

Address 8454 111TH STREET Address: _____
APT. 307
SEMINOLE, FL 33772

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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: RONALD C. IVERSON

Address: 8454 111TH STREET, APT. 307
SEMINOLE, FL 33772

ARTICLE VII INCORPORATOR

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

Name: RONALD C. IVERSON

Address: 8454 111TH STREET, APT. 307
SEMINOLE, FL 33772

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

Ronald C. Iverson

Required Signature/Registered Agent

Sept. 24, 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.

Ronald C. Iverson

Required Signature/Incorporator

Sept. 24, 2015

Date