P1500099095

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificate	s of Status		
Special Instructions to Filing Officer:				





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COVER LETTER

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

CCT: H&G B	USINESS SOLUTIONS, INC.		
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
ed are an orig	inal and one (1) copy of the arti	cles of incorporation and	l a check for:
	mar and one (1) copy or me and	The state of the s	
\$70.00	\$78.75	378.75	□ \$87.50
Filing Fee	Filing Fee	Filing Fee	Filing Fee,
	& Certificate of Status	& Certified Copy	Certified Copy
			& Certificate of
		ADDITIONAL CO	Status
		ADDITIONAL CO	11 REQUIRED
	i varrie	(Printed or typed)	
110	4 RAVENSCROFT LANE		
	A	Address	
PO	NTE VEDRA, FL 32081		
•••	City,	State & Zip	
	7-0 000 1001		
	708-822-1295 Daytime T	elenhone number	
			25 E
eddy	y.coopmans@ctms.co		
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NOTE: Please provide the original and one copy of the articles.



FLORIDA DEPARTMENT OF STATE Division of Corporations

November 23, 2015

EDDY COOPMANS 1104 RAVENSCROFT LANE PONTE VEDRA, FL 32081

SUBJECT: H&G BUSINESS SOLUTIONS, INC.

Ref. Number: W15000076472

We have received your document for H&G BUSINESS SOLUTIONS, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must sign the complete/legal name of the individuals signing the document in each signature block.

If your business entity does not intend to transact business until January 1st of the upcoming calendar year, you may wish to revise your document to include an effective date of January 1st. If you do not list an effective date of January 1st, your business entity will become effective this calendar year and it will be required to file an annual report and pay the required annual report fee for the upcoming calendar year this coming January, which is merely weeks away. By listing an effective date of January 1st, the entity's existence will not begin until January 1st of the upcoming year and will, therefore, postpone the entity's requirement to file an annual report and pay the required annual report filing fee until the following calendar year.

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.

Claretha Golden Regulatory Specialist II New Filing Section

Letter Number: 015A00024674-

FILED

EFFECTIVE DATE 01/01/10

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

FILED

7.3

ARTICLE I NAME The name of the corporat	H&G BUSINESS SOLUTIO	ONS, INC.	15 DEC 11 PH 12: 24
ARTICLE II PRINC	IPAL OFFICE Principal <u>street</u> address	Mailing ad	dress, if different, is: E. FLORIDA
PONTE VEDRA, FL 32			
ARTICLE III PURPO The purpose for which the corporations may be ince	The transe or corporation is organized is:	action of any or all lawful busin	nesses for which
	LOFFICERS AND/OR DIRECTORS EDDY COOPMANS / PRESIDENT		
Name and Title:	1104 RAVENSCROFT LANE	Name and Title:	
Address _	PONTE VEDRA, FL 32081	Address:	
Name and Title:		Name and Title:	
Address		Address:	
			
Name and Title:	· · · · · · · · · · · · · · · · · · ·	Name and Title:	·
Address		Address:	······································

Name a	nd Title:	Name and Title:
Addres	s	Address:
	REGISTERED AGENT Torida street address (P.O. Box NOT acceptable	e) of the registered agent is:
Name:	EDDY COOPMANS	Mariana.
Address:	1104 RAVENSCROFT LANE	
	PONTE VEDRA, FL 32081	
ARTICLE VII	INCORPORATOR	E P
The name and a	ddress of the Incorporator is:	
Name:	EDDY COOPMANS	
Address:	1104 RAVENSCROFT LANE	TLED II PHI P: 24 PER STATE PER STAT
. 1001000	PONTE VEDRA, FL 32081	— 24 · · · · · · · · · · · · · · · · · ·
Effective date, if (If an effective days after the fine Note: If the date	iling.)	1 2016. (OPTIONAL) nnot be more than five business days prior or 90 business ble statutory filing requirements, this date will not be listed as ds.
		cess for the above stated corporation at the place designated in registered agent and agree to act in this capacity
_Coc	Required Signature/Registered Agent	20 AMANS 11/5/2015 Date
	cument and affirm that the facts stated herein to Department of State constitutes a third degree for	are true. I am aware that the false information submitted in a clony as provided for in s.817.155, F.S.
Requ	On Signature/Incorporator	COOPMANS 11/5/2015