

1/20/2011

Division of Corporations

Florida Department of State

Division of Corporations
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To:

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

From:

Account Name : KRISJOENNA SERVICES, INC.
Account Number : I20080000033
Phone : (305) 644-3055
Fax Number : (305) 644-3052

****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
HNS ESPITAL CORP**

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	\$78.75

EFFECTIVE DATE 01/20/16

RECEIVED

JAN 20 2011 2:37

SECRETARY OF STATE
DIVISION OF CORPORATIONS

16 JAN 20 PM 12:26

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1/20/2016

Division of Corporations

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COVER LETTER

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

SUBJECT: HNS ESPITAL CORP

(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: EDWIN ESPITAL
Name (Printed or typed)
638 SW 6 ST # 307
Address
MIAMI, FL 33130
City, State & Zip
(786) 499-71-32
Daytime Telephone number
KRISJOENNA@YAHOO.COM
E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

16 JAN 20 PM 12: 25

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: HNS ESPITAL CORP

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

638 SW 6 ST # 307

MIAMI, FL 33130

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ANY ALL PROPOSE

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: EDWIN ESPITAL PRESIDENT

Name and Title: _____

Address 638 SW 6 ST # 307

Address: _____

MIAMI, FL 33130

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: EDWIN ESPITAL
 Address: 638 SW 6 ST # 307
MIAMI, FL 33130

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: EDWIN ESPITAL
 Address: 638 SW 6 ST # 307
MIAMI, FL 33130

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 DIVISION OF CORPORATIONS
 16 JAN 20 PM 12:25

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 01/20/2016 (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

Espital Edwin 01/20/2016
 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.

Espital Edwin 01/20/2016
 Required Signature/Incorporator Date