

# P/6000037838

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

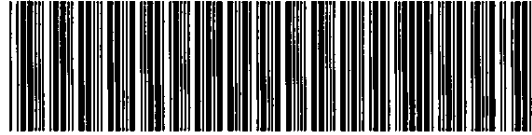
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



700284686047

04/25/16--01011--010 \*\*78.75

FILED  
CLERK OF STATE  
16 APR 25 PM 2:36

*04/29/16*

## COVER LETTER

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

SUBJECT: HCM Collective, 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  
Filing Fee

☒ \$78.75  
Filing Fee  
& Certificate of Status

☐ \$78.75  
Filing Fee  
& Certified Copy

☐ \$87.50  
Filing Fee,  
Certified Copy  
& Certificate of  
Status

**ADDITIONAL COPY REQUIRED**

FROM: CAMILLE MORGAN  
Name (Printed or typed)

3440 S. Ocean Blvd. #504 No  
Address

Palm Beach, FL 33480  
City, State & Zip

917-715-5863  
Daytime Telephone number

camille@hcmcollective.com  
E-mail address: (to be used for future annual report notification)

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

The names of

**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: HCM Collective, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

350 So. County Road #208  
Palm Beach, FL 34480

3440 S. Ocean Blvd. #504N  
Palm Beach, FL 34480

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Design & manufacture of women's apparel  
and jewelry

**ARTICLE IV SHARES**

The number of shares of stock is: 100

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Camille Morgan Pres

Name and Title: Harrison Morgan VP

Address 3440 S. Ocean Blvd.  
# 504 No  
Palm Beach, FL 34480

Address: 3440 S. Ocean Blvd  
# 504 No  
Palm Beach, FL 34480

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: Camille Morgan Pres.

Address: 3440 S. Ocean Blvd.  
#504 No  
Palm Beach, FL 33480

Name and Title: Harrison Morgan VP

Address: 3440 S. Ocean Blvd  
#504 No  
Palm Beach, FL 33480

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Camille Morgan

Address: 3440 S. Ocean Blvd #504 No  
Palm Beach FL. 33480

FILED  
SECRETARY OF STATE  
DIVISION  
16 APR 25 PM 2:36

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Harrison Morgan

Address: 3440 S. Ocean Blvd. 504 No.  
Palm Beach, FL 33480

**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*

Camille Morgan

Required Signature/Registered Agent

4-22-2016

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.*

Harrison Morgan

Required Signature/Incorporator

Harrison Morgan

4.22.2016

Date