

P16000052290

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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000286554210

06/06/16--01048--011 **70.00

EFFECTIVE DATE

6/1-16

16 JUN -6 PM 3:08
JUN 16 2016
S. GILBERT

JUN - 2016

S. GILBERT

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: HSNS INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

1680 SW Bay Shore Blvd #100
Port St Lucie FL 34984

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Any and all lawful purpose.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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: Michael Dapolito

Address: 1680 SW Bay Shore Blvd #100
Port St Lucie FL 34984

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Michael Dapolito

Address: 1680 SW Bay Shore Blvd #100
Port St Lucie FL 34984

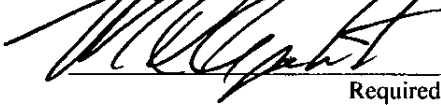
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 6/1/16 (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

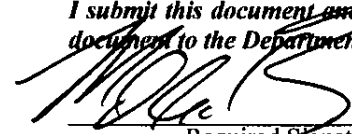


Required Signature/Registered Agent

6/1/16

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

6/1/16

Date