

Florida Department of State Division of Corporations Electronic Filing Cover Sheet

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To:

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

From:

Account Name : CORP USA
Account Number : 072450003255
Phone : (305) 634-3694
Fax Number : (305) 633-9696

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 HF CONSULTING GROUP, INC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

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JUL 14 2017

S. GILBERT

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HF CONSULTING GROUP, INC**

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BUSY: BUSY/NO RESPONSE

07/12 16:45
18506176381
00:00:00
BUSY
STANDARD

DATE, TIME
FAX NO./NAME
DURATION
PAGE(S)
RESULT
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TIME : 07/12/2016 16:45
NAME : CORP USA
FAX : 3056339696
TEL : 18085862685
SR.# : BR066J5804820

TRANSMISSION VERIFICATION REPORT

To:

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

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Account Name : CORP USA
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7/10/2016

BUSY: BUSY/NO RESPONSE

07/12 15:52
18506175381
00:00:00
BUSY
STANDARD

DATE, TIME
FAX NO./NAME
DURATION
PAGE(S)
RESULT
MODE

TIME : 07/12/2016 15:52
NAME : CORP USA
FAX : 3056339696
TEL : 18005062685
SER.# : BR066J504020

TRANSMISSION VERIFICATION REPORT

3

H16030167715

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: HF CONSULTING GROUP, INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

6740 BULL RUN ROAD # 253

MIAMI, FL 33014

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ALL LAWFUL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: ALVIS HERNANDEZ, PRESIDENT

Address: 6740 BULL RUN ROAD # 253
MIAMI, FL 33014

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

16 JUL 12 AM 9:08
CLERK OF COURT
STATE OF FLORIDA

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: ALVIS HERNANDEZ
Address: 6740 BULL RUN ROAD # 253
MIAMI, FL 33014

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: ALVIS HERNANDEZ
Address: 6740 BULL RUN ROAD # 253
MIAMI, FL 33014

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 07/12/16 (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

→ *Alvis Hernandez* 07/12/16
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.

→ *Alvis Hernandez* 07/12/16
Required Signature/Incorporator Date

Hernandez