

P 16000060904

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

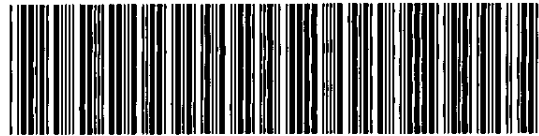
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



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16 JUL 22 PM 4:05  
JUL 22 2016  
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16 JUL 22 PM 2:23  
JUL 22 2016

J 7/22/16

**CORPORATE  
ACCESS,  
INC.**

*When you need ACCESS to the world*

236 East 6th Avenue, Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

**WALK IN**

PICK UP:

7-22-16

☐ CERTIFIED COPY

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Inc.

1. Hm<sup>2</sup>O, Inc.  
(CORPORATE NAME AND DOCUMENT #)

2. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

3. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

4. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

5. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

6. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

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16

**SPECIAL  
INSTRUCTIONS:**

## COVER LETTER

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

SUBJECT: HM<sup>2</sup>O, 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: Registered Agent Solutions, Inc.

Name (Printed or typed)

1701 Directors Blvd Suite 300

Address

Austin TX 78744

City, State & Zip

888-705-7274

Daytime Telephone number

jana@tomlin.ca

E-mail address: (to be used for future annual report notification)

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

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

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**ARTICLE I NAME**  
The name of the corporation shall be: HM<sup>2</sup>O, Inc.

SEE ATTACHED DATE  
AL 1-15-11, P. 10A

**ARTICLE II PRINCIPAL OFFICE**  
Principal street address

Mailing address, if different is:

8251 Brent St. Suite 924

8251 Brent St. Suite 924

Port Richey, FL 34668

Port Richey, FL 34668

**ARTICLE III PURPOSE**  
The purpose for which the corporation is organized is: Any and all lawful business.

**ARTICLE IV SHARES**  
The number of shares of stock is: 100,000

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

Name and Title: Van Mayros (President & Director)

Name and Title: Lawrence Tomlin (VP & Director)

Address: 8251 Brent St.  
Suite 924  
Port Richey, FL 34668

Address: 3230 Yonge Street  
Suite 1402  
Toronto, ON Canada M4N 2L4

Name and Title: Mike Hecomovich (VP & Director)

Name and Title: G. Kelly O'Dea (VP & Director)

Address: 10152 E. Cavedale  
Scottsdale, AZ 85262

Address: PO Box 30157  
Palm Beach Gdns, FL 33420

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: Van Mayros  
Address: 8251 Brent St. Suite 924  
Port Richey, FL 34668

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Lawrence Tomlin  
Address: 3230 Yonge Street, Suite 1402  
Toronto, ON M4N 2L4

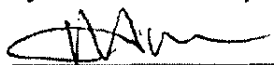
**ARTICLE VIII EFFECTIVE DATE:**

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*

  
\_\_\_\_\_  
Required Signature/Registered Agent

7/22/2016

\_\_\_\_\_  
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.*

  
\_\_\_\_\_  
Required Signature/Incorporator

7/22/2016

\_\_\_\_\_  
Date

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16 JUL 22 PM 4:06  
CLERK OF THE COURT  
JUL 22 2016