

P17000020559

(Requestor's Name)

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(Address)

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(Business Entity Name)

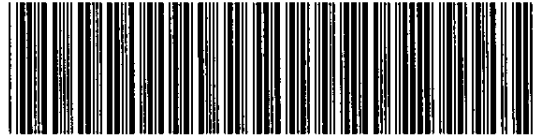
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17 MAR -8 AM 8:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

W17 - 015534

03/09/17



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 22, 2017

SASHA MENDOZA
6410 ROOSEVELT ST.
HOLLYWOOD, FL 33024

SUBJECT: HARD WRAPS INC.
Ref. Number: W17000015534

We have received your document for HARD WRAPS INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Thomas Chang
Regulatory Specialist II
New Filing Section

Letter Number: 117A00003446

REC-117
17 MAR -8 AM 11:29
BUREAU OF CORPORATIONS
INFORMATION SERVICES

COVER LETTER

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

SUBJECT: Hard Wraps 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: Sasha Mendoza
Name (Printed or typed)

6410 Roosevelt St
Address

Hollywood, FL 33024
City, State & Zip

954 549 0576
Daytime Telephone number

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

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)

ARTICLE I NAME

The name of the corporation shall be: Hard Wraps inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address
6410 Roosevelt St. Hollywood Fl 33024

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Create concepts to communicate ideas involving Graphic design
printing and installations including digital media and web development.

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TALLAHASSEE FLORIDA

ARTICLE IV SHARES

The number of shares of stock is: 10,000,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Sasha Mendoza President

Address: 6410 Roosevelt St Hollywood Fl 33024

Name and Title: Edward Calderon Vice President

Address: 9840 Sheridan St Hollywood Fl 33024

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

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: Sasha Mendoza
Address: 6410 Roosevelt St Hollywood Fl 33024

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Sasha Mendoza
Address: 6410 Roosevelt St Hollywood Fl 33024

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TALLAHASSEE, FLORIDA

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 02/14/2017 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 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
02/27/2017
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
02/27/2017
Date