

PI9000028306

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

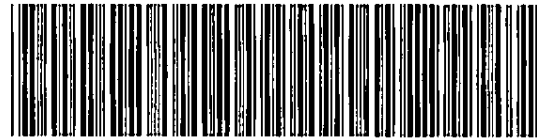
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COVER LETTER

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



SUBJECT: HecMAR Realty Company
(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: Hector Andres Rogue
Name (Printed or typed)

15560 SW 27 Street
Address

MIAMI, FL 33185
City, State & Zip

786-720-9216
Daytime Telephone number

Hecmar1994@yxhoo.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: Hecmur Realty Company

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

15560 SW 27 STREET

SAME

MIAMI, FL 33185

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: FOR purchase & sale of
REAL ESTATE PROPERTIES.

ARTICLE IV SHARES

The number of shares of stock is: 1,000,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: HECTOR A. ROGUE, P

Name and Title: _____

Address 15560 SW 27 ST

Address: _____

MIAMI, FL 33185

Name and Title: MARITZA M. ROGUE, VP SEC.

Name and Title: _____

Address 15560 SW 27 ST

Address: _____

MIAMI, FL 33185

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: HECTOR A. ROGUE
Address: 15560 SW 27 STREET
MIAMI, FL 33185

ARTICLE VII INCORPORATOR

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

Name: HECTOR A. ROGUE
Address: 15560 SW 27 STREET
MIAMI, FL 33185

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 3/15/2019 (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:

[Signature] Required Signature/Registered Agent 3/15/19 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.

[Signature] Required Signature/Incorporator 3/15/19 Date