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

From: Account Name : INTERSTATE FILINGS LLC
Account Number : I20110000086
Phone : (718)569-2703
Fax Number : (718)504-7890

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: contact@interstatefilings.com

**FLORIDA PROFIT/NON PROFIT CORPORATION
HASHEMECHAD CORP.**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$70.00

2019 JUL 17 AM 8:14

2019 JUL 17 PM 1:16

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: HASHEMECHAD CORP.

ARTICLE II PRINCIPAL OFFICE
Principal street address Mailing address, if different is:
2836 STIRLING RD. 2836 STIRLING RD.
HOLLYWOOD, FLORIDA 33020 HOLLYWOOD, FLORIDA 33020

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: ANY LAWFUL PURPOSE

ARTICLE IV SHARES
The number of shares of stock is: 200

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS
Name and Title: DANIEL VIZEL, PRESIDENT Name and Title: Tirtza Vizel, TREASURER
Address: 2836 STIRLING RD. Address: 2836 STIRLING RD.
HOLLYWOOD, FLORIDA 33020 HOLLYWOOD, FLORIDA 33020
Name and Title: Name and Title:
Address: Address:
Name and Title: Name and Title:
Address: Address:

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(cont.)

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:

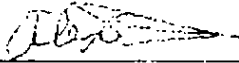
Name: INTERSTATE AGENT SERVICES LLC
Address: 100 SE 2ND ST. STE. 2000 #209
Miami, FL 33131

ARTICLE VII INCORPORATOR

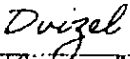
The name and address of the Incorporator is:

Name: DANIEL VIZEL
Address: 2836 STIRLING RD.
HOLLYWOOD, FLORIDA 33020

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

	<u>7/16/19</u>
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.

	<u>7/16/19</u>
Required Signature/Incorporator	Date