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2019 JUL 15 AM 10:40  
SECRETARY OF STATE  
TALLAHASSEE, FL

N CULLIGAN

JUL 29 2019

## COVER LETTER

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

**SUBJECT:** HyneHol, 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      ☐ \$78.75  
Filing Fee      Filing Fee  
                         & Certificate of Status

☐ \$78.75      ☒ \$87.50  
Filing Fee      Filing Fee,  
& Certified Copy      Certified Copy  
                         & Certificate of  
                         Status

**ADDITIONAL COPY REQUIRED**

**FROM:** Martin A. Kascavage, Esq.

Name (Printed or typed)

6750 North Andrews Avenue, Suite 2014

Address

Fort Lauderdale, Florida 33309

City, State & Zip

(954) 928-2852

Daytime Telephone number

hynes.sinead@gmail.com      martinlawgrp@gmail.com      toma@2mc.fi

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 Hynetfol, Inc.

### ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

4673 Hammock Drive

Delray Beach, Florida 33445

### ARTICLE III PURPOSE

The purpose for which the corporation is organized is: \_\_\_\_\_

The purpose of the corporation is to engage in any lawful activity for which corporations may be incorporated in this state.

### ARTICLE IV SHARES

The number of shares of stock is: 100

### ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Leif T. Holmberg, President

Name and Title: Sinead M. Hynes, Vice President

Address: 4673 Hammock Drive

Address: 4673 Hammock Drive

Delray Beach, Florida 33445

Delray Beach, Florida 33445

Name and Title: Leif T. Holmberg, Director

Name and Title: Sinead M. Hynes, Director

Address: 4673 Hammock Drive

Address: 4673 Hammock Drive

Delray Beach, Florida 33445

Delray Beach, Florida 33445

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FL

FILED

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: Martin A. Kascavage, Esq.  
Address: 6750 North Andrews Avenue, Suite 2014  
Fort Lauderdale, FL 33309

**ARTICLE VII INCORPORATOR**

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

Name: Martin A. Kascavage, Esq.  
Address: 6750 North Andrews Avenue, Suite 2014  
Fort Lauderdale, FL 33309

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**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 days prior or 90 days after the filing.)

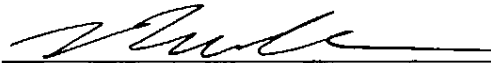
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*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

07/05/2019  
\_\_\_\_\_  
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

07/05/2019  
\_\_\_\_\_  
Date