

P1900003109

Florida Department of State
Division of Corporations
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To:

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

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Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
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FLORIDA PROFIT/NON PROFIT CORPORATION
HCBM, INC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

2019 AUG 12 PM 1:24

19 AUG 12 AM 11:28

ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

19 AUG 12 AM 11:23

ARTICLE I NAME: The name of the corporation is:HCBM, Inc**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

134 79 SW 62 ST #4MIAMI FL 33183**ARTICLE III SHARES:** The number of shares of stock is: 100**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**(P) Jorge Barbaro Remond Mendoza**ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:**

The name and Florida street address (PO Box not acceptable) of the registered agent is:

Jorge Barbaro Remond Mendoza13479 SW 62 ST. #4MIAMI FL 33183**ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is:Jorge Barbaro Remond Mendoza13479 SW 62 ST. #4MIAMI FL 33183

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Required Signatures:

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

Jorge Barkaro Remond Mendoza 08/12/2019
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.

Jorge Mendoza 08/12/2019
Incorporator Date