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Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To: Division of Corporations  
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TALLAHASSEE, FLORIDA

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

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

FLORIDA PROFIT/NON PROFIT CORPORATION  
HMC TRANSPORTATION GROUP INC

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

**ARTICLES OF INCORPORATION**  
In compliance with Chapter 607 (Profit)

**ARTICLE I NAME:** The name of the corporation is:

HMC Transportation Group Inc

**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

6607 N Dale Mabry Hwy  
Tampa, FL 33614

**ARTICLE III SHARES:** The number of shares of stock is: 100

**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**

Elicer Gonzalez (P)

SECRETARY OF STATE  
TAMPA, FLORIDA

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**ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:**

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

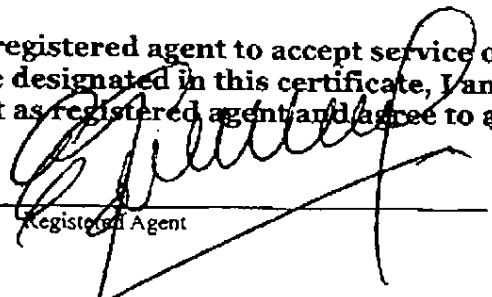
Elicer Gonzalez  
6607 N Dale Mabry Hwy  
Tampa FL 33614

**ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is:

Elicer Gonzalez  
6607 N Dale Mabry Hwy  
Tampa FL 33614

**Required Signatures:**

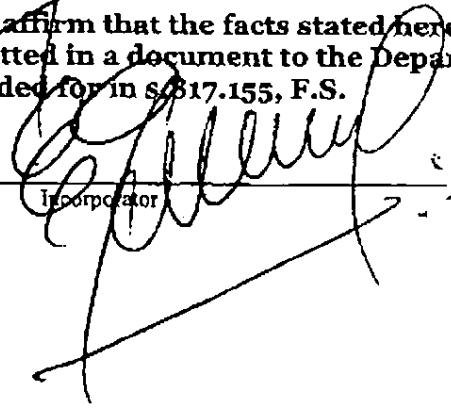
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



\_\_\_\_\_  
Registered Agent

9/16/2019  
\_\_\_\_\_  
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 § 817.155, F.S.



\_\_\_\_\_  
Incorporator

9/16/2019  
\_\_\_\_\_  
Date