

nad
P19000076050

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H19000300259 3)))



H190003002593ABCS

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

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

From:

Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.
Account Number : 075350000353
Phone : (800) 221-2972
Fax Number : (718) 889-7420

****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
HEGA TAX SERVICES INC.**

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

2019 OCT -9 AM 10:51

FILED

2019 OCT -9 AM 11:33

FILED

Electronic Filing Menu

Corporate Filing Menu

Help

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME HEGA Tax Services Inc.
The name of the corporation shall be:

Principal street address
1551 Jackson St, Hollywood, FL 33020

Mailing address, if different is:
1551 Jackson St, Hollywood, FL 33020

ARTICLE III PURPOSE Tax preparation services, bookkeeping and payroll.
The purpose for which the corporation is organized is:

ARTICLE IV SHARES 200

Name and Title: Hugo Duran, President
Address: 1551 Jackson St. Hollywood, FL 33020

Name and Title: Emmanuel Garcia Pastrana, V.P.
Address: 1551 Jackson St, Hollywood, FL 33020

Name and Title: Gerardo Giovanni Perez Breña, COO
Address: 1551 Jackson St., Hollywood, FL 33020

Name and Title: _____

Address: _____

Name and Title: _____

Address _____

Name and Title: _____

Address: _____

FILED
2019 OCT -9 AM 11:03
FBI - MEMPHIS

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: Hugo Duran
Address: 1551 Jackson St, Hollywood, FL 33020

ARTICLE VII INCORPORATOR

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

Name: Hugo Duran
Address: 1551 Jackson St, Hollywood, FL 33020

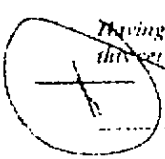
ARTICLE VIII EFFECTIVE DATE:

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 business days prior or 90 business 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.

FILED
2019 OCT -9 11:11:33
TALLAHASSEE, FLORIDA

 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

10/08/2019
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

10/08/2019
Date