

# PI9000078512

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

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

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.  
Account Number : I20000000019  
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Email Address: \_\_\_\_\_

**FLORIDA PROFIT/NON PROFIT CORPORATION  
HDC DATA PROCESSING, INC**

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

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

**ARTICLE I NAME** HDC DATA PROCESSING, Inc  
The name of the corporation shall be: \_\_\_\_\_

**ARTICLE II PRINCIPAL OFFICE**

Principal address

Mailing address, if different is:

5545 SW 8 ST

#209

CORAL GABLES, FL 33134

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: DATA PROCESSING

**ARTICLE IV SHARES**

The number of shares of stock is:

100

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: HERMES DIAZ CORDERO, P

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

Address: 5545 SW 8 ST # 209

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

CORAL GABLES, FL 33134

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

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

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

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

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

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

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

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

(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: \_\_\_\_\_  
Address: HERMES DIAZ CORDERO  
5545 SW 8 ST # 209  
CORAL GABLES, FL 33134

**ARTICLE VII INCORPORATOR**

The name and address of the incorporator is:

Name: \_\_\_\_\_  
Address: HERMES DIAZ CORDERO  
5545 SW 8 ST # 209  
CORAL GABLES, FL 33134

Having been named as registered agent to accept service of process for the above stated corporation as 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

10/15/19  
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

10/15/19  
Date