

# P19000079712

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To:

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Fax Number : (850)617-6381

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## FLORIDA PROFIT/NON PROFIT CORPORATION

HMG TRANSPORT SERVICES INC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$70.00



October 24, 2019

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

BLUMBERG

SUBJECT: H & M TRANSPORT SERVICES INC  
REF: W19000094356

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

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Carlos E Rico  
Regulatory Specialist II  
New Filing Section

FAX Aud. #: H19000314473  
Letter Number: 419A00021940

**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: HMG TRANSPORT SERVICES INC**ARTICLE II PRINCIPAL OFFICE**Principal street address

Mailing address, if different is:

498 SW KAABE AVE498 SW KAABE AVEPORT SAINT LUCIE, FL 34953PORT SAINT LUCIE, FL 34953**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: Transportation Services**ARTICLE IV SHARES**The number of shares of stock is: 200**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: HECTOR GUZMAN - DIRECTOR

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

Address 498 SW KAABE AVE

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

PORT SAINT LUCIE, FL 34953

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

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

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

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

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: HECTOR GUZMAN

Address: 498 SW KAABE AVE

PORT SAINT LUCIE, FL 34953

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

Name: HECTOR GUZMAN

Address: 498 SW KAABE AVE

PORT SAINT LUCIE, FL 34953

**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

10/23/2019

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

10/23/2019

Date