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SECRITANY OF VINE

FEB () 4 2020 K Brumbley

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

H.M.S. Financial Inc				
Thirties I maneral me				
		<u>-</u>		
- · · · · · · · · · · · · · · · · · · ·				
				Art of Inc. File
				LTD Partnership File
		}	-	Foreign Corp. File
]		L.C. File
				Fictitious Name File
				Trade/Service Mark
				Merger File
		1		Art, of Amend, File
			-	RA Resignation
			-	Dissolution / Withdrawal
				Annual Report / Reinstatement
				Cert. Copy
				Photo Copy
				Certificate of Good Standing
				Certificate of Status
				Certificate of Fictitious Name
				Corp Record Search
				Officer Search
				Fictitious Search
Signature				Fictitious Owner Search
B				Vehicle Search
				Driving Record
Requested by: Seth	02/03/20			UCC 1 or 3 File
Name	Date	Time		UCC 11 Search
Hallic	Date	THIC		UCC 11 Retrieval
Walk-In Phones Prening - Thomseville, GA 8/00	Will Pick Up			Courier

COVER LETTER

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Department of State New Filing Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

SUBJECT: H.M.S. FINANCIAL, INC

☑ \$70.00 Filing Fee	□ \$78.75 Filing Fee & Certificate of Status	☐ \$78.75 Filing Fee & Certified Copy ADDITIONAL CO	S87.50 Filing Fee, Certified Copy & Certificate of Status PPY REQUIRED
FROM: AL	OV ACCOUNTING & TAX SEF	RVICES, LLC e (Printed or typed)	
12	701 S John Young Pkwy Suite	e 215	
	<u> </u>	Address	
Or	lando FL 32818		
	City	, State & Zip	
40	7-641-0810		
	Daytime	relephone number	
arl	eendavila@gmail.com		

NOTE: Please provide the original and one copy of the articles.

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

	ion shall be: H.M.S. FINANCIAL	•			
	Principal street address		failing address, if d	ifferent is:	
11078 Suspense Dr Winter Garden FL 34787		11078 Susp Woter Gard	eense Dr den FL 34787	<u> </u>	
Vindi Sardill & Ollo		varior out	04701		
			,		
ARTICLE III PURPO	DSE				
Financial Services	he corporation is organized is:				
Financial Services					
				=	
***				17 (1 (1 (1 (1 (1 (1 (1 (1 (1 (1 (1 (1 (1	
					-
		· · · · · · · · · · · · · · · · · · ·		(Fig.) (C)	
				71	11
ARTICLE IV SHAR	ES				
The number of shares of	stock is: 100			10.5 10.5 10.5 10.5 10.5 10.5 10.5 10.5	
	AL OFFICERS AND/OR DIRECTOR.				
Name and Title	Mario Arroyo - President	Name and Title:	Sorocaima Asc	canio-Vice Pre	sident
Address	11078 Suspense Dr	Address:	9680 Myrtle Creek	Լո	
	Winter Garden FL 34787		Orlando FL 3283	2	
					
	Hugo Abrou Director				
Name and Title		Name and Title:	·		
Address	8625 Brookvale Dr	Address:			
	Windermere FL 34786				
					·
		 _		 	
., ., .,				,	
Name and Title	:	Name and Title:			
Address		Address;	_ 		

Name and	I Title:	Name and Title:	
Address		Address:	
	——/———————————————————————————————————		
The name and Fl	REGISTERED AGENT orida street address (P.O. Box NOT acceptable) of	the registered agent is:	
Name:	Mario Arroyo	_	
Address:	11078 Suspense Dr	_	
	Winter Garden FL 34787		
		_	
ARTICLE VII	<u>INCORPORATOR</u>		
The <u>name and ac</u>	ldress of the Incorporator is:		
Name:	ADV Accounting & Tax Services, LLC	; -	
Address:	12701 S John Young Pkwy Suite 215	5	
	Orlando FL 32837	_	
ARTICLE VIII Effective date, if	EFFECTIVE DATE: other than the date of filing: January 28th 2020	0 (OPTIONAL)	
(If an effective d filing.)	ate is listed, the date must be specific and canno	of be more than five days prior or 90 days after the	
7 .			
Note: If the date the document's e	inserted in this block does not meet the applicable flective date on the Department of State's records.	statutory filing requirements, this date will not be liste	ed as
Handard Language			
riaving been nam certificate, I am f	ied as registered agent to accept service of process for amiliar with and accept the appointment as register	or the above stated corporation at the place designated (red agent and agree to act in this capacity	n th
		0//28/202	n
	Required Signature/Registered Agent	Date	<u> </u>
I submit this doc document to the I	ument and affirm that the facts stated herein are Department of Stat e constitutes a third degree felony	true. I am aware that the false information submitted y as provided for in s.817.155, F.S.	l in
0	701	Date 01/28/2020	
	- L Build V	111 TAR 1 - 2 1 F L 1	

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