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.

(((H20000089155 3)))



H2000000891553ABC/

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 : COGENCY GLOBAL, INC.

Account Number : I20000000088 Phone : (800)221-0102 Fax Number : (800)944-6607

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

Email Addr	ess:		
Email Addr	ess:	_	

## FLORIDA PROFIT/NON PROFIT CORPORATION CalmHR, Inc.

Certificate of Status	1
Certified Copy	1
Page Count	02
Estimated Charge	\$87.50

Electronic Filing Menu

Corporate Filing Menu

Help



To:

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

RTICLE I NAME	on shall be: CelmHR, Inc.	•	
ne name of the corporati	on shart de.		
RTICLE II PRINC			
	Principal street address	Mailing addr 15825 Shady Grove Roa	ess, if different is:
	ch Blvd. #905		d, Suite 170
11 L000C10DIC, 1 2 929 19		JACON FILL, IND. CLOMA	
	·		
ARTICLE III PURPO	SE		
he purpose for which th	ne corporation is organized is:any and	d all lawful business	
		<del></del>	
<del></del>			<del></del>
	····, ,		
			<del>्रिल्ल किं</del>
RTICLE IV SHARE	<u></u>		
be number of shares of	stock is: _1,000		Mill CO
<u> ARTICLE VINITIA</u>	L OFFICERS AND/OR DIRECTORS		· · · · · · · · · · · · · · · · · · ·
Name and Title	: Joseph Appelbaum, President	Name and Title:	
Name and The	- ooseph / pensoun; / vosacin	Name and True.	· ·
Address	15825 Shady Grove Road, Suite 170	Address:	
	D		
	Rockville, MD 20850		
Name and Title:		Name and Title:	
Trume and Time.			
Address		Address:	<del> </del>
			•
Name and Title:		Name and Title:	<u></u>
Address		Address:	
		<del></del>	
		<del></del>	

Fax: (850) 617-6381

Page: 3 of 3

03/20/2020 9:48 AM

Name and Title:		Name and Title:	Name and Title:		
Addres	ss	Address:			
	·				
			<del></del>		
ARTICLE VI	<u>REGISTERED AGENT</u> Florida street address (P.O. Box NOT acceptab	sle) of the registered agent is:			
	COGENCY GLOBAL INC.	no) or moregisterial agent is:			
Name:					
Address:	115 N. Calhoun St., Sle. 4				
•	Tallahassee, FL 32301	<del></del>			
ARTICLE VII	INCORPORATOR				
The name and a	address of the Incorporator is:				
Name:	Joseph Appelbaum				
Address:	15825 Shady Grove Road, Suite 170				
, tuutess.	Rockville, MD 20850	<del></del>			
		<del></del>			
ARTICLE VIII	EFFECTIVE DATE:		•		
Effective date, i	if other than the date of filing:	AZOLTAO) .	AL)		
(If an effective filing.)	date is listed, the date must be specific and o	cannot be more than five days	prior or 90 days after the		
•					
	te inserted in this block does not meet the appli effective date on the Department of State's rec		ents, this date will not be listed as		
the document s	effective date on the preparation of State 3 fee	Ci usi			
	med as registered agent to accept service of pro				
certificate, I am	familiar with and accept the appointment as re	gistered agent and agree to act	in this capacity		
· 5a	em Jones		03/20/2020		
	Required Signature/Registered Agen	t	Date		
	ocument and affirm that the facts stated herei-				
document to the	e Department of State constitutes a third degree	fetony as provided for in s.817.	155, F.S.		
m	to Crida/(		03/20/2020		
Required Signa	ture/incorporator		Date		