

Florida Department of State
Division of Corporations
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****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

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FLORIDA PROFIT/NON PROFIT CORPORATION
HERNANDEZ TECHNOLOGY CORP

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$78.75

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5/12/2020

Articles of Incorporation

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, Hereby adopt(s) the following articles of incorporation.

ARTICLE I: NAME

The name of the corporation shall be:

HERNANDEZ TECHNOLOGY CORP

ARTICLE II: PRINCIPAL OFFICE

INGRID GONZALEZ
20884 NW 1 ST
PEMBROKE PINES FL 33029

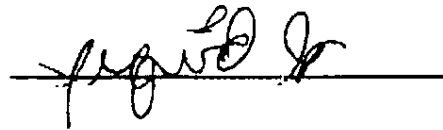
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ARTICLE III: SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 100 shares value of \$1.00

ARTICLE IV: INITIAL REGISTERED AGENT AND STREET ADDRESS

**INGRID GONZALEZ
20884 NW 1 ST
PEMBROKE PINES FL 33029**



ARTICLE V: INCORPORATORS

The name(s) and street address(es) of the director(s) of these Articles of Incorporation is(are)

INGRID GONZALEZ

**20884 NW 1 ST
PEMBROKE PINES FL 33029**

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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The undersigned incorporator(s) has(have) executed these Articles of Incorporation on



**PRESIDENT VICEPRESIDENT
TREASURY SECRETARY**

INGRID GONZALEZ

**CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED
OFFICE**

Pursuant to the provision of the sections 607.0501, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

1-The name of the corporation is:

HERNANDEZ TECHNOLOGY CORP

2-The name and address of the registered agent and office name is:

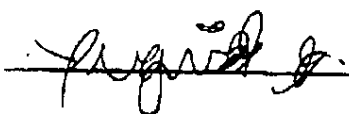
INGRID GONZALEZ

P.O. Box not acceptable

20884 NW 1 ST

PEMBROKE PINES FL 33029

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and that I am familiar with and accept the obligations of my position as registered agent.



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SECRETARY OF STATE
HALL ASSESSMENT

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