

P2000092117
 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 : CORPORATE CREATIONS INTERNATIONAL INC.
 Account Number : 110432003053
 Phone : (561)694-8107
 Fax Number : (561)214-8442

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

Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION

HMC Holding Corp.

Certificate of Status	1
Certified Copy	0
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

The name of the corporation shall be: **HMC Holding Corp.**

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

181 Commodore Drive, Jupiter, FL 33477

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Any and all lawful business

ARTICLE IV SHARES

The number of shares of stock is: 1,000 shares

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:

Address:

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: National Registered Agents, Inc.

Address: 1200 South Pine Island Road

Plantation, FL 33324

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Janis S. DiMonaco

Address: 181 Commodore Drive, Jupiter, FL 33477

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

Dena Weaver Dena Weaver, Assistant Secretary for
National Registered Agents, Inc.

Required Signature/Registered Agent Date 12/02/2020

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.

James Shannon 12/1/2020

Required Signature/Incorporator Date

2020 12 01