

# P 21000065155

Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
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## FLORIDA PROFIT/NON PROFIT CORPORATION HM Hedis, Inc.

Certificate of Status	0
Certified Copy	1
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July 15, 2021

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

FASTKIT CORP

SUBJECT: EM HEDIS INC  
REF: W21000100646

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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Shareta Backey  
Regulatory Specialist II

FAX Aud. #: H21000270574  
Letter Number: 121A00016249

## 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:

HM Hedis, Inc.

### ARTICLE II PRINCIPAL OFFICE

The principal place of business/ mailing address is:

Principal street address:

Mailing address, if different:

15455 SW 26 Terrace  
Miami, FL 33185

### 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 authorized, 100 shares issued and outstanding

### ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific titles(s):

Name and Title: Hazel Martin P/Sec  
Address: 15455 SW 26 Terrace  
Miami, FL 33185

Name and Title:  
Address

Name and Title:  
Address

**ARTICLE VI REGISTERED AGENT**

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

Name: Hazel Martin P/Sec  
15455 SW 26 Terrace  
Miami, FL 33185

Address:

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Hazel Martin P/Sec  
15455 SW 26 Terrace  
Miami, FL 33185

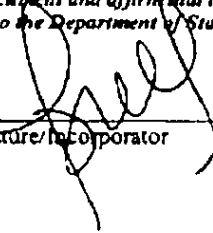
Address:

\*\*\*\*\*  
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

  
\_\_\_\_\_  
Signature/Registered Agent

7/12/2021  
\_\_\_\_\_  
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.817.133, F.S.

  
\_\_\_\_\_  
Signature/Incorporator

7/12/2021  
\_\_\_\_\_  
Date