Florida Department or State

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To:

Division of Corporations

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From:

Account Name : VCORP SERVICES, LLC

Account Number : 120080000067 : (845)425-0077 Phone : (845)818-3588 Fax Number

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

II Capital Inc.

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To: +18506176383

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit) ARTICLE I NAME The name of the corporation shall be: H Capital Inc ARTICLE II PRINCIPAL OFFICE Mailing address, if different is: Principal street address 8383 Wilshire Blvd, Suite 302 8383 Wilshire Blvd, Suite 302 Beverly Hills CA 90211 Beverly Hills CA 90211 ARTICLE III PURPOSE The purpose for which the corporation is organized is: real estate holdings ARTICLE IV SHARES The number of shares of stock is: 1,000 ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS Name and Title: Max Heffesse, Vice President Name and Title: Cyril Hoffesse, President 8383 Wilshire Hlvd, Suite 302 8385 Wilshire Blvd, Suite 302 Address: Address Beverly Hills CA 90211 Beverly Hills CA 90211 Name and Title: Gabriella Heffesse, Treasurer Name and Title: 8383 Wilshire Blvd, Suite 302 Address: Address Beverly Hills CA 90211 Name and Title: Name and Title: Address: Address

Name and	Title:	_ Name and Title:
Address		Address:
	EGISTERED AGENT rida street address (P.O. Box NOT acceptable) o	of the registered agent is:
Name:	Veorp Services, ELC	<u>-</u>
Address:	5011 South State Road 7, Suite 106	
	Davie FL 33314	·· ·
ARTICLE VII I	NCORPORATOR	
	Iress of the Incorporator is:	
Name;	Laura Bohan	
Address:	25 Robert Pitt Drive Suite 204	
	Monsey NY 10952	
Effective date, if o	EFFECTIVE DATE: ther than the date of filing: te is listed, the date must be specific and cann	(OPTIONAL) lot be more than five days prior or 90 days after the
	nserted in this block does not meet the applicable ective date on the Department of State's records	e statutory filing requirements, this date will not be listed as
certificate. I am fa	miliar with and accept the appointment as registe	for the above stated corporation at the place designated in this cred agent and agree to act in this capacity
	an and	08/23/2021
	Required Signature/Registered Agent	Date
I submit this docu document to the D	ment and affirm that the facts stated herein ar enorment of State constitutes a third degree felo	e true. I am aware that the false information submitted in a ny as provided for in s.817.155, F.S.
Required Signatur	Ancorparies	Date August 20,202