## Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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## FLORIDA PROFIT/NON PROFIT CORPORATION HRP GROUP INC.

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Corporate Filing Menu

Help



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

The name of the corpora	tion shall be: HRP GROUP INC.		-
RTICLE II PRINC 45 NE 7 AVE. #422-S MAMI, FL 33138	CIPAL OFFICE Principal street address	Mailing address, if different is: 445 NE 7 AVE, #422-S MIAMI, FL 33138	·· - · · - · · - · · ·
RTICLE III PURP( he purpose for which t	OSE the corporation is organized is:		
			22 OCT
			725
RTICLE IV SHAR he number of shares of	ES stock is: SHARE: 100		AMIL: 11
RTICLE V INITIA	AL OFFICERS AND/OR DIRECTORS		.     :
Name and Title	HOWARD DA COSTA - P	Name and Title:	
Address	445 NE 7 AVE. #422-S	Address:	
	MIAMI, FL 33138	<del></del>	
Name and Title	ROMINA MARTINA SMITH - VP	Name and Title:	
Address	445 NE 7 AVE. #422-S	Address:	
	MIAMI, FL 33138		
			<del></del>
Name and Title	: <u>-</u> -	Name and Title:	
Address	THE STATE OF THE S	Address:	

From: Yanet Avila

Name and Title:		Name and Title:		
Address		Address:		
ARTICLE VI	REGISTERED AGENT			
the <u>name and Fl</u>	orida street address (P.O. Box NOT acceptal	ble) of the registered agent is:		
Name:	HOWARD DA COSTA	<u></u>		
Address:	445 NE 7 AVE. #422-S	<u></u>		
	MIAMI, FL 33138			
ARTICLE VII	<u>INCORPORATOR</u>			
The name and ad	dress of the Incorporator is:			
Name:	HOWARD DA COSTA			
Address:	445 NE 7 AVE. #422-S			
	MIAMI, FL 33138			
ARTICLE VIII	EFFECTIVE DATE:	<b>4</b>		
(If an effective date, i)	other than the date of filing:	annot be more than five days prior or 90 days after the		
Note: If the date	inserted in this block does not meet the applic	cable statutory filing requirements, this date will not be listed a		
me document's er	fective date on the Department of State's reco	ords.		
Having been name certificate, I am fo	ed as registered agent to accept service of proc miliar with and accept the appointment as re	eess for the above stated corporation at the place designated in the gistered agent and agree to act in this capacity		
	P Howard Da Cost Required Signature/Registered Agent	m		
I submit this docu	ment and affirm that the facts stated herein	are true. I am aware that the fulse information submitted in		
accument to me D	epartment of State constitutes a third degree j	felony as provided for in s.817.155, F.S.		
	P Howard Da Costa	10 10 0001		
Required Signatur	e/Incorporator			