

P21000093076

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

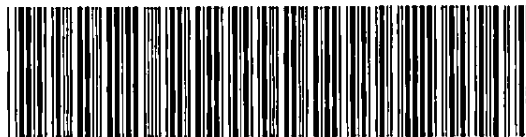
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2021 OCT 28 AM 10:19

RECEIVED
ALLAHASSEE, FL

2021 OCT 28 AM 10:22

Incorporating Services, Ltd.

1540 Glenway Drive
Tallahassee, FL 32301
850.656.7956
Fax: 850.656.7953
www.incserv.com
e-mail: accounting@incserv.com



ORDER FORM

TO Florida Department of State
The Centre of Tallahassee
2415 North Monroe Street, Suite 810
Tallahassee, FL 32303
corphelp@dos.myflorida.com
850-245-6051

FROM Melissa Moreau
mmoreau@incserv.com
850.656.7953

REQUEST DATE 10/28/2021

PRIORITY Regular Approval

OUR REF # (Order ID#) 962718

ORDER ENTITY

HTD 2, INC.

PLEASE PERFORM THE FOLLOWING SERVICES:

HTD 2, INC. (FL)

Please file the attached articles and provide a certified copy.

NOTES:

\$78.75 Authorized

Email address for annual report reminders: jward@kppblaw.com

RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: I20050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

A handwritten signature in black ink, appearing to be "WJ" or similar, written over a horizontal line.

2021 OCT 28 AM 10:22
MAILED

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

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: HTD 2, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

1317 CALIFORNIA STREET

20876 W LOST CREEK DRIVE EAST

TALLAHASSEE, FL 32304

BUCKEYE, AZ 85396

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: _____

TO ENGAGE IN ANY AND ALL BUSINESS PERMITTED UNDER THE LAWS OF THE STATE OF FLORIDA.

ARTICLE IV SHARES

The number of shares of stock is: 1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: MARK A. MARTIN, PRESIDENT

Name and Title: MARK A. MARTIN, DIRECTOR

Address 20876 W LOST CREEK DRIVE EAST

Address: 20876 W LOST CREEK DRIVE EAST

BUCKEYE, AZ 85396

BUCKEYE, AZ 85396

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

2021 OCT 28 AM 10:22

Name and Title: _____ Name and Title: _____
Address _____ Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: UNIVERSAL REGISTERED AGENTS, INC.
Address: 1317 CALIFORNIA STREET
TALLAHASSEE, FL 32304

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: MARK A. MARTIN
Address: 20876 W LOST CREEK DRIVE EAST
BUCKEYE, AZ 85396

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

Required Signature/Registered Agent *ASST. VP* 10/27/2021
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.817.155, F.S.

Mark A. Martin
Required Signature/Incorporator 10/27/2021
Date