Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H220001767853)))

H220001767853ABC5

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations Fax Number : (858)617-6381

From:

Account Name : RODRIGUEZ R. & CO. LLC

Account Humber : I20180000052 : (305)496-8203 : (786)496-9445

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

Enail Address: RAUL & RODRIGUEZR. COM

FLORIDA PROFIT/NON PROFIT CORPORATION **HM FUNDAMENTO SERVICES CORP**

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	\$78.75

Electronic Filing Menu

Corporate Filing Menu

Help

2022 MAY 18

Э

From: +17864969445 (FAX.PLUS) ((H2Z000176785371

ARTICLES OF INCORPORATION

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

JTD SERVICE	es coap
	iling address, if different is:
_	
Isiness.	
- 	
Name and Title:	
Address:	
_	. 1-2
	122 f a
	:= 12.
_ Name and Title:	<u></u>
Address:	<u></u>
_ —	
	Name and Title: Address: Name and Title: Address: Name and Title: Address:

((H22000 176 785 3))

•

022 10:16 (UTC-04)	From: +17864969445 (FA	x.plus) 2 000 / 70	6785 3	')	To: +18506176381
Name and T	itle:			/	
Address				· 	
Addiess			Address:		
		· · · · · · · · · · · · · · · · · · ·			
ARTICLE VI RE	GISTERED AGENT da street address (P.O. Box No	OT acceptable) of t	he revistered are	nt is:	
Name:	RAUL RODAI	KURZ			
Address:	8200 NW 41	ETnee7			
_	Donal FL.				
	DONOL FL	33/06_			
ARTICLE VII INC	CORPORATOR				
The name and addre	ess of the Incorporator is:				
Name:	RAUL ROMI	6ul7			
Address:	8200 NW 41	STreet			
	Donal FL 3	33/66			
Note: If the date inse	FECTIVE DATE: er than the date of filing: is listed, the date must be spec- erted in this block does not meetive date on the Department of	et the applicable st			
Having been named a	ns registered agent to accept scr llar with and accept the appoin	vice of process for			
Z,	ul Desalver				05/16/2022
	A Required Signature/Regis	tered Agent		_	Date
I submit this docume document to the Depo	ent and affirm that the facts si artment of State constitutes a th	tated herein are tri hird degree felony a	ue. I am aware : s provided for in	that the false i s.817.155, F.S	information submitted in a S
					1 / -
Required Signature	Loga/6/48			Date	<u>05/16/2022</u>
					022 F

((HZZ 000 176 785 3))