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.

(((H23000088729 3)))



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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : GREEN BOX TAX SERVICES INC

Account Number : I20190000123

Phone

: (305)928-1137

Fax Number

: (786)349-4952

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

FLORIDA PROFIT/NON PROFIT CORPORATION

HLS Incorporated

Certificate of Status	0
Certified Copy	0
Page Count	04
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3

Electronic Filing Menu

Corporate Filing Menu

Help



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

	tion shall be: HLS INCORPORATED				
109 LEHIGH AVE	TICLE II PRINCIPAL OFFICE Principal street address LEHIGH AVE		Mailing address, if different is:		
FLAGLER BEACH	•				
ARTICLE III PURPO The purpose for which t	DSE he corporation is organized is: Any and	all lawful busin	ness		
					
				2023 HAR	
ARTICLE IV SHARI The number of shares of	ES stock is: 1				
				(/) () () ()	
	L OFFICERS AND/OR DIRECTORS	Name and Title:			
Name and Title	RONALD GROSSO, PRESIDENT	Name and Title:		2: 00 STATE E, FL	
Address	109 LEHIGH AVE	_ Address: _			
	FLAGLER BEACH , FL 32136	-			
Name and Title:		Name and Title:			
Address		_ Address:			
		- -	. .		
Name and Title:		_ Name and Title:			
Address		_ Address: _			
		- -	···		
•					

Name a	nd Title:	Name and Title:	_
Addres	S		-
			- -
•			
	REGISTERED AGENT Florida street address (P.O. Box NOT acceptable)	of the registered agent is:	
Name:	Green Box Tax Services Inc		
Address:	15715 S Dixie Hwy Ste 211	_	
	Miami FL 33157	_	
ARTICLE VII	INÇORPORATOR		
	ddress of the Incorporator is:	· 22	
Name:	RONALD GROSSO	77 AL	
Address:	109 LEHIGH AVE	TALLAHA	(E)
	FLAGLER BEACH, FL 32136	LAHASSEE,	5
Effective date, if	_EFFECTIVE DATE: fother than the date of filing: date is listed, the date must be specific and cour	T = 0	i,
Note: If the date	e inserted in this block does not meet the applicable fective date on the Department of State's records	e statutory filing requirements, this date will not be listed a i.	15
	ned as registered agent to accept service of process fumiliar eith and accept the appointment as registe	for the above stated corporation at the place designated in ti ered agent and agree to act in this cupacity	hls
- 7	Millar	03/08/2023	_
V.	Required Signature/Registered Agent	Datc	-
	cument and affirm that the facts stated herein are Department of State constitutes a third degree felo	e true. I am aware that the false information submitted in ny as provided for in s.817.155, F.S.	ı a
Benef 6	/ // / /	03/08/2023	-
Required Signato	Ire/Incorporator	Date	-

FLORIDA DEPT OF STATE Division of Corporation

03/08/2023

Subj: HLS Incorporated name release/

To whom it may concern:

This letter of name release is for entity name regarding document # P21000041386, in association with the entity's admin dissolutions. I have no intention of reinstating; therefore, you may release "HLS Incorporated" for use to another Florida entity.

Kind Regards,

Ronald A Grosso

President

. 2023 HAR -8 AM 2: 00