

P23000043912

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

(Business Entity Name)

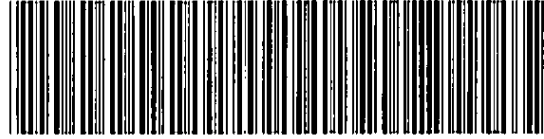
(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

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2023 JUN -8 AM 10:20

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2023 JUN -8 AM

COVER LETTER

Department of State  
New Filing Section  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

SUBJECT: Grupo Hmx Inc.  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

\$70.00 Filing Fee  
 \$78.75 Filing Fee & Certificate of Status

\$78.75 Filing Fee & Certified Copy  
 \$87.50 Filing Fee, Certified Copy & Certificate of Status  
**ADDITIONAL COPY REQUIRED**

FROM: Pedro A. Rivera  
Name (Printed or typed)

3201 Budinger Ave  
Address

Saint Cloud FL 34769  
City, State & Zip

407-350-2556  
Daytime Telephone number

pedrorivera@tmision.com  
E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

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: Grupo HMX Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

9684 BAYOU BLAFF Dr. JACKSONVILLE, FL 32257

Mailing address, if different is:

SAME

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ARTICLE IV SHARES

The number of shares of stock is: 1,000,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

P.

Name and Title: Laura Ramirez H Name and Title:

Address: 9684 Bayou Blaff Address:

Dr. Jacksonville, FL 32257

Name and Title: Felipe Hernandez J Name and Title:

S.

Address: 202 Mensh Ave Address:

Sebastian, FL 32958

Name and Title: Name and Title:

Address: Address:

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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: Pedro A. Rivera  
Address: 3201 Budinger Ave  
St. Cloud FL 34769.

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Pedro Rivera  
Address: 3201 Budinger Ave  
St. Cloud FL 34769

**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 6/8/23  
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.*

\_\_\_\_\_  
Required Signature Incorporator 6/8/23.  
Date

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