

P23000063688

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

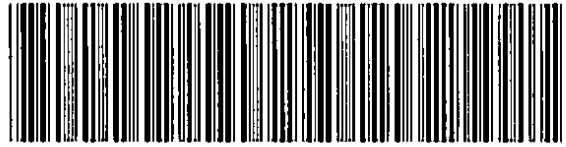
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500414578345

RECEIVED

2023 SEP -5 PM 2:25

AD - ALLAHASSEE, FLORIDA

2023 SEP -5 PM 6:27



CSC - Tallahassee
1201 Hays Street
Tallahassee, FL 32301-2607
850-558-1500, Ext: 61594

To: Department Of State, Division Of Corporations
From: Eyliena Baker
Ext: 61594
Date: 09/05/23
Order #: 1261298-1
Re: HF UNION CORP.
Processing Method: Routine

TO WHOM IT MAY CONCERN:

Enclosed please find:

Certificate of Formation/Incorporation

Amount to be deducted from our State Account: \$70.00 - FL State Account Number:
120000000195

auth

A handwritten signature in black ink, appearing to read 'Eyliena Baker', is written over the word 'auth'.

Please take the following action:

File in your office on basis

Issue Proof of Filing

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

ARTICLES OF INCORPORATION

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

ARTICLE I NAMEThe name of the corporation shall be: HF UNION CORP.**ARTICLE II PRINCIPAL OFFICE**Principal street address40 SW 13th StreetSuite 802Miami, FL, 33130

Mailing address, if different is:

40 SW 13th StreetSuite 802Miami, FL, 33130**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: Any lawful purpose**ARTICLE IV SHARES**The number of shares of stock is: 1,000 shares of \$1.00 par value each share**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: Antonio Humberto Alves Pinto, Director

Name and Title: _____

Address 40 SW 13th Street

Address: _____

Suite 802Miami, FL, 33130Name and Title: Myrian de Castro Pinto Campos, Director

Name and Title: _____

Address 40 SW 13th Street

Address: _____

Suite 802Miami, FL, 33130

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

2021 SEP 11 PM 6:27

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

ARTICLE VI REGISTERED AGENTThe **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:Name: Ricardo Del GiglioAddress: 40 SW 13th Street, Suite 802Miami, FL, 33130**ARTICLE VII INCORPORATOR**The **name and address** of the Incorporator is:Name: Myrian de Castro Pinto CamposAddress: 40 SW 13th Street, Suite 802Miami, FL, 33130**ARTICLE VIII EFFECTIVE DATE:**

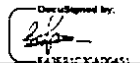
Effective date, if other than the date of filing: _____ (OPTIONAL)

(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*9/1/2023

Required Signature/Registered Agent

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.9/1/2023

Required Signature/Incorporator

Date

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