

P25000001360

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : GERALD WEINBERG, P.C.
Account Number : 120030000043
Phone : (800)342-9856
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****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

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**FLORIDA PROFIT/NON PROFIT CORPORATION
HMS COLLECTIVE, INC.**

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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:

HMS COLLECTIVE, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

12364 DAHLIA COURT

NAPLES, FL 34120

Mailing address, if different is:

SAME

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

CONSULTING

ARTICLE IV SHARES

The number of shares of stock is:

200

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:

LORI SEIDEWAND, PRES.

Address:

12364 DAHLIA COURT

NAPLES, FL 34120

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

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: LORI SEIDEWAND
Address: 12364 DAHLIA COURT
NAPLES, FL 34120**ARTICLE VII INCORPORATOR**The name and address of the Incorporator is:Name: LORI SEIDEWAND
Address: 12364 DAHLIA COURT
NAPLES, FL 34120**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*Lori Seidewand

Required Signature/Registered Agent

1/9/25

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.*Lori Seidewand

Required Signature/Incorporator

Date

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