

## Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

P25000007248

FL  
2-10-25

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

(((H25000048289 3)))



H25000048289ABC5

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 : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.  
Account Number : I20000000019  
Phone : (305)552-5973  
Fax Number : (305)675-5944

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

Email Address: \_\_\_\_\_

STATE  
OFFICE

2014 FEB -7 PM 5:02

**FLORIDA PROFIT/NON PROFIT CORPORATION**  
**HILARION RBT CORP**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

RECEIVED

2014 FEB -7 PM 3:13

STATE  
OFFICE

Electronic Filing Menu

Corporate Filing Menu

Help

MS

2

**ARTICLES OF INCORPORATION**

In compliance with Chapter 607 (Profit)

**ARTICLE I NAME:** The name of the corporation is:Hilarion Bbt Corp**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

11900 SW 168 st Miami FL 33177**ARTICLE III SHARES:** The number of shares of stock is: 100**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**Barbara Mercedes Hilarion Cartaya  
(P)STATE  
FL

2014 FEB -7 PM 5:02

310

**ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:**

The name and Florida street address (PO Box not acceptable) of the registered agent is:

Barbara Mercedes Hilarion Cartaya  
11900 SW 168 st Miami FL 33177**ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is:Barbara Mercedes Hilarion Cartaya  
11900 SW 168 st Miami FL 33177

**Required Signatures:****Signature of a member or an authorized representative of a member.**

In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

I am aware that any 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.

BARBARA Mercedes Hilarion Cartaya  
Typed or printed name of signee

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S..

**Registered Agent's Signature (REQUIRED)**STATE  
OFFICE

FEB - 7 PM 5:02

279