P14000009564

(Requestor's Name)				
(Address)				
. (Ac	ddress)			
(Ci	ty/State/Zip/Phone	e #)		
PICK-UP	WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificates	of Status		
Special Instructions to Filing Officer:				
		:		

Office Use Only

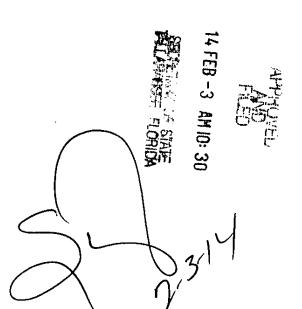


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DEPARTMENT OF STATE

14 FEB - 3 AM IO: 27



COVER LETTER

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

SUBJECT: HZORGAN	LICS COR	PORATION		
(PROPOSED C	ORPORATE NAME – <u>MUS</u>	I INCLUDE SUFFIX		
Enclosed are an original and one (1) copy of the articles of incorporation and a check for:				
\$70.00 \(\Q \) \$78.75	\$78.75	\$87.50		
Filing Fee Filing Fee	Filing Fee	Filing Fee,		
& Certificate of Sta				
		& Certificate of		
	4 5 5 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	Status		
ADDITIONAL COPY REQUIRED				
FROM: FROM: FROM: FROM: FROM: FROM:				
FROM: FROM: FROM: Name (Printed or typed)				
0.0				
408NDIXIE HWY				
Address /				
boca Raton FL 33432				
City, Stale & Zip				
G_{ij}				
1718) 930 - 6334				
	aytime Telephone number			

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 NA The name of the corpor	ME ation shall be: H2Or	ganics	s Corp	oration	<u></u>
	INCIPAL OFFICE		Y	dress, if different is:	
908 N.D.	Principal <u>street</u> address WIE HWY		_	V Dixie	Huy
BOCA R	ATON, FL33	3432	boca	Raton	FC 3342
ARTICLE III PUI The purpose for which	PPOSE the corporation is organized is:	All la	en fu	l acti	vilies
		4-7-1			
ARTICLE IV SH The number of shares o	ARES f stock is: /, DO	DIRECTORS	Director		APIN FA 14 FEB -0
Name and Tit		(and Nar	ne and Title:	71). The state of the state of	
Address	908 N DIX	E HWYAda	dress:	<u> </u>	<u>5</u>
	Boxa Rafon,	FC 33432		₩	29
Name and Titl	François Cana	1 Presidentian	ne and Title:		
Address	908 N DIXIE!	Hwy Add	dress:		
	Soca Raton	, FL 33432			
Name and Titl	e:	Nar	ne and Title:	·	
Address		Add	dress:		

Name and Title:	N	lame and Title:		
Address	A	Address:		
	ISTERED AGENT			
	treet address (P.O. Box NOT acceptable) of the	e registered agent is:		
Name:	anjois Canal			
Address: 90	OF N DIXIE HWY			
Bo	ca Raton, FL 334	3 7		
ARTICLE VII INCO	<u>ORPORATOR</u>			
The <u>name and address</u> o	of the Incorporator is:			
	aniois Canal			
Address:	908 NDIXIE HWY			
B	Loca Raton F (33432			
	registered agent to accept service of process fo uliar with and accept the appointment of regist	r the above stated corporation at the place designated in ered agent and agree to act in this capacity		
		2/3/14		
	Required Signature/Registered Agent	Date		
	and affirm that the facts stated herein are the ment of State constitut es a third degree felogy t	I) I am aware that the false information submitted in a provided for in s.817.155, F.S.		
		2/3/14		
Required Signature/Incorporator / U / Date /				