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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : HU8CO

Account Number : 104662003400 Phone : (516)935-3940 Fax Number : (516)935-3088

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

KRH@KENHIGGINSCPA.COM

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## FLORIDA PROFIT/NON PROFIT CORPORATION Hudson Parc Inc.

Certificate of Status	1
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ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICIEI 1	NAME corporation shall be:	Hudson Parc Inc.			
ARTICLE II 2417 Southern	PRINCIPAL OFFICE Principal street address	<del> </del>	ss, if different is:		
ARTICLE III The purpose for	PURPOSE which the corporation is organized is: Any Lega				
ARTICLE IV The number of sh	SHARES  ares of stock is: 200 at No Par Value		2022		
	INITIAL OFFICERS AND/OR DIRECTORS  nd Title: Michele Quattrocchi - President/Directors	tor Name and Title:	, <u>~</u> 25		
Address	2417 Southern Links Drive Fleming Island, FL 32003	Address:			
			ž. – ±		
	d Title:		<u></u>		
Address		Address:			
Name un	d Title:	Name and Title:	<u> </u>		
Address					

			H22000	01772	:1
Name a	and Title:	Name and Title:			
Addres	ss	Address:	<del> </del>		<del></del>
	<u>REGISTERED AGENT</u> Florida street address (P.O. Box NOT accepta	able) of the registered agent is:			
Name:	Michele Quattrocchi	ora, or are regions on agent to			
Address:	2417 Southern Links Drive				
	Fleming Island, FL 32003	<del></del>			
<u>ARTICLE VII</u>	INCORPORATUR				
The name and	address of the Incorporator is:			20	
Name:	Michele Quattrocchi			ر 22	
Address:	2417 Southern Links Drive		;	5:	
	Fleming Island, FL 32003			ر.) -	
				8	,
Effective date.	I EFFECTIVE DATE: if other than the date of filing:	.(OPTIONAL)		£	
(If an effective filing.)	date is listed, the date must be specific and	cannot be more than five days prio	r or 90 days	after ti	ne
	te inserted in this block does not meet the app effective date on the Department of State's re		his date will	not be li	sted as
certificate, I am	nmed as registered agent to accept service of pro n familiar with and accept the appointment as r			lesignate	ed in this
Required Signature/Registered Agent			January 12, 2022		
Required Signat	ture/Registered Agent			Date	
	ocument and affirm that the facts stated here e Department of State constitutes a third decre			n submü	ned in a

January 12, 2022 Date