

PR00003752

Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850)617-6381

From: Account Name : UNITED CORPORATE SERVICES, INC.
Account Number : 720140000108
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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
308 and Haight, Inc.

Certificate of Status	0
Certified Copy	0
Page Count	02
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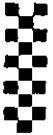
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April 25, 2018

FLORIDA DEPARTMENT OF STATE
Division of Corporations

UNITED CORPORATE SERVICES, INC.

SUBJECT: 308 AND HAIGHT, INC.
REF: W18000038776

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The title(s) in the officer/director field(s) is/are not acceptable. Please refer to the following link for acceptable officer/director title information.
<http://dos.myflorida.com/sunbiz/search/guides/corporation-records/title-abbreviations/>

If you have any further questions concerning your document, please call (850) 245-6052.

Tyrone Scott
Regulatory Specialist II
New Filings Section

FAX Aud. #: E18000129269
Letter Number: 518A00008481

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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: 308 and Haight, Inc. _____

ARTICLE II PRINCIPAL OFFICE
Principal street address _____ Mailing address, if different is: _____
11977 SW 56th Street _____
Cooper City, FL 33330 _____

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: _____ to engage in any lawful act or activity for which corporations
may be organized under the corporation laws of the State of Florida.

ARTICLE IV SHARES
The number of shares of stock is: 200 Shares, NPV _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Amanda Clement - President _____ Name and Title: _____
Address 11977 SW 56th Street _____ Address: _____
Cooper City, FL 33330 _____

Name and Title: _____ Name and Title: _____
Address _____ Address: _____

Name and Title: _____ Name and Title: _____
Address _____ 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: Amanda Clement

Address: 11977 SW 56th Street
Cooper City, FL 33330

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Amanda Clement

Address: 11977 SW 56th Street
Cooper City, FL 33330

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

<u>Amanda Clement</u>	<u>4/23/2018</u>
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.

<u>Amanda Clement</u>	<u>4/23/2018</u>
Required Signature/Incorporator	Date

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