

**PF8000003752**

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

From: Account Name : UNITED CORPORATE SERVICES, INC.  
Account Number : 120140000108  
Phone : (914)949-9188  
Fax Number : (914)949-9618

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

Email Address: ginger@theassociateslax.com

**FLORIDA PROFIT/NON PROFIT CORPORATION**  
**308 and Haight, Inc.**

Certificate of Status	0
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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 And. #: 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** 308 and Haight, Inc.  
The name of the corporation shall be: \_\_\_\_\_

**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** 200 Shares, NPV  
The number of shares of stock is: \_\_\_\_\_

**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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