

PO 7000019121

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

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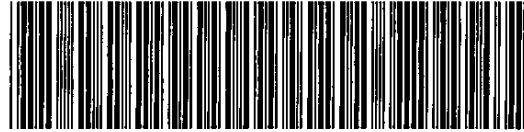
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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2/13

2007-6083

COVER LETTER

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

SUBJECT: HABITAFLEX USA INC
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00
Filing Fee

☐ \$78.75
Filing Fee
& Certificate of Status

☐ \$78.75
Filing Fee
& Certified Copy

☒ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: ANDRÉ CLAVEAU AND/ OR MICHEL SANFACON
Name (Printed or typed)

205 NE 50 TH CT
Address

POMPANO BEACH FLORIDA 33064
City, State & Zip

954-725-9286 OR 954 556-0821
Daytime Telephone number

NOTE: Please provide the original and one copy of the articles.



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 6, 2007

ANDRE CLAVEAU
205 NE 50TH CT
POMPANO BEACH, FL 33064

SUBJECT: HABITAFLEX USA INC
Ref. Number: W07000006083

We have received your document for HABITAFLEX USA INC and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must contain a registered agent with a Florida street address and a signed statement of acceptance. (i.e. I hereby am familiar with and accept the duties and responsibilities of Registered Agent.)

The registered agent must sign accepting the designation.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6879.

Ruby Dunlap
Regulatory Specialist
New Filing Section

Letter Number: 907A00008888

ARTICLES OF INCORPORATION

compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be:

HABITAFLEX USA INC

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

205 NE 50 TH CT, POMPANO BEACH, FL 33064

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

IMPORT, SELL, INSTALL AND TRANSPORT MANUFACTURED HOUSES

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

ANDRE CLAVEAU, 205 NE 50 TH CT, POMPANO BEACH, FL 33064, CEO

MICHEL SANFACON, 205 NE 50 TH CT, POMPANO BEACH, FL 33064 VP

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

CT Corporation System
1200 S Pine Island Road
Plantation, Florida 33324

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

ANDRE CLAVEAU, 205 NE 50 TH CT, POMPANO BEACH, FL 33064

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

Anthony Licausi
Signature/Registered Agent

Vice President

2-9-07

Date

[Signature]
Signature/Incorporator

Jan, 23rd, 2007

Date

FILED

07 FEB 12 AM 9:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA