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Florida Department of State
Division of Corporations
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To:

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

From:

Account Name : M. BURR KEIM COMPANY
Account Number : I19990000242
Phone : (215) 563-8113
Fax Number : (215) 977-9386

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

Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION

Hapa, Inc.

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$70.00

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15 MAR -4 PM 2:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

3/6/15

ARTICLES OF INCORPORATION

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

ARTICLE I NAMEThe name of the corporation shall be: Hapa, Inc.**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

16082 Villa Vizcaya PlaceDelray Beach, FL 33446**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: To engage in any lawful business act or activity.**ARTICLE IV SHARES**The number of shares of stock is: 1000**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: Paul Robinson, President Name and Title: _____Address: 16082 Villa Vizcaya Place Address: _____
Delray Beach, FL 33446

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

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TALLAHASSEE FLORIDA

(cont.)

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

ARTICLE VI REGISTERED AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Paul Robinson
Address: 16082 Villa Vizcaya Place
Delray Beach, FL 33446

ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

Name: Paul Robinson
Address: 16082 Villa Vizcaya Place
Delray Beach, FL 33446

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

Paul Robinson
Required Signature/Registered Agent

2-21-15
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.

Paul Robinson
Required Signature/Incorporator

2-21-15
Date