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APPROVED
AND
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15 JUN 18 PM 2:31

SECRETARY OF STATE
TALLAHASSEE FLORIDA

11/11

COVER LETTER

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

SUBJECT: Michael Hagan Enterprise, 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 ☒ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: Michael Hagan Enterprise, Inc.

Name (Printed or typed)

6634 South Pine Meadows

Address

Homosassa, Florida 34446

City, State & Zip

904-219-0528

Daytime Telephone number

CYA 052819 G-MAIL.COM

E-mail address: (to be used for future annual report notification)

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

ARTICLES OF INCORPORATION

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

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ARTICLE I NAME

The name of the corporation shall be: Michael Hagan Enterprise, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

6634 South Pine Meadows

Homosassa, Florida 34446

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ARTICLE IV SHARES

100 shares

The number of shares of stock is:

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Michael I. Hagan, Director

Name and Title:

Address 6634 South Pine Meadows

Address:

Homosassa, Florida 34446

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

APPROVED
AND
FILED

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE VI REGISTERED AGENT

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

Name: Michael I.Hagan
Address: 6634 South Pine Meadows
Homosassa,Florida 34446

ARTICLE VII INCORPORATOR

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

Name: Michael I.Hagan
Address: 6634 South Pine Meadows
Homosassa,Florida 34446

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 business days prior or 90 business 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

Michael I. Hagan
Required Signature/Registered Agent

6/16/2015
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.

Michael I. Hagan
Required Signature/Incorporator

6/16/2015
Date