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(Requestor's Name)					
(Address)					
(Address)					
(Addiess)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Dusiness Enuty Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					

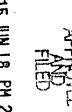
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SECRETARY OF STATE





COVER LETTER

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

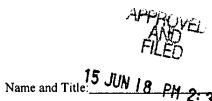
SUBJECT: Mic	chael Hagan Enterprise,Inc.					
SOBJECT:	(PROPOSED CORPO	DRATE NAME – <u>MUST INCL</u>	UDE SUFFIX)			
Enclosed are an	original and one (1) copy of the	articles of incorporation and	d a check for:			
S70.0 Filing Fe	•	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of			
	•	ADDITIONAL COPY REQUIRED				
FROM:	Michael Hagan Enterprise,Inc. Name (Printed or typed)					
	6634 South Pine Meadows	Adding				
Address Homosassa,Florida 34446						
	City, State & Zip					
	904-219-0528					
	Daytime Telephone number					
	CYA 052819 6-MAIL. GM					
	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)

RTICLE I NAM ne name of the corpor	E ation shall be:	nc. 15 JUN 18	
RTICLE II PRIN	CIPAL OFFICE Principal street address	SECRETARY TALLAHASSIF Mailing address, if o	OF STATE II.AE.ARIDA
omosassa "Florida 3-			
RTICLE III PURI he purpose for which	POSE the corporation is organized is:		
ne number of shares of	f stock is: AL OFFICERS AND/OR DIRECTORS Michael I Hagan Director	Name and Title:	
ne number of shares of	f stock is: AL OFFICERS AND/OR DIRECTORS le: Michael I.Hagan, Director 6634 South Pine Meadows		
ne number of shares of shares of shares of shares of share and Tite of share and Tite of shares	f stock is: [AL OFFICERS AND/OR DIRECTORS] le: 6634 South Pine Meadows	Name and Title:	
ne number of shares of RTICLE V INITAL Name and Tit Address	f stock is: AL OFFICERS AND/OR DIRECTORS le: Michael I.Hagan, Director 6634 South Pine Meadows	Name and Title:Address:	
he number of shares of RTICLE V INITAL Name and Tit Address	f stock is: AL OFFICERS AND/OR DIRECTORS le: Michael I.Hagan, Director 6634 South Pine Meadows Homosassa, Florida 34446	Name and Title: Address: Name and Title: Address:	
he number of shares of RTICLE V INITAL Name and Tit Address Name and Titl	f stock is: AL OFFICERS AND/OR DIRECTORS le: Michael I.Hagan, Director 6634 South Pine Meadows Homosassa, Florida 34446	Name and Title: Address: Name and Title: Address:	
Name and Tit Address Name and Titl Address	f stock is: AL OFFICERS AND/OR DIRECTORS le: Michael I.Hagan, Director 6634 South Pine Meadows Homosassa, Florida 34446	Name and Title: Address: Name and Title: Address:	



Name and	Title:	Name and Ti	tle! 3 JUN 18 PM 2: 31
Address		Address:	SECRETARY OF
			ALDIHASSEE FLORIDA
			199.00
			
	EGISTERED AGENT		
	rida street address (P.O. Box NOT acceptable	le) of the registered	agent is:
Name:	Michael I.Hagan		
Address:	6634 South Pine Meadows		
	Homosassa,Florida 34446		
-			
ARTICLE VII IN	VCORPORATOR		
The name and add	ress of the Incorporator is:		
Name;	Michael I.Hagan		
Address	6634 South Pine Meadows	·····	
rudioss.	Homosasa,Florida 34446		
ARTICLE VIII E	FFECTIVE DATE:		
Effective date, if of	her than the date of filing:		(OPTIONAL)
days after the filin	e is listed, the date must be specific and cag.)	innot de more tha	n five dusiness days prior or 90 dusiness
	serted in this block does not meet the applicated to the Department of State's record		requirements, this date will not be listed as
Having been name this certificate, I an	d as registered agent to accept service of pro familiar with and accept the appointment a	ocess for the above s registered agent a	stated corporation at the place designated in and agree to act in this capacity
Mucha	Required Signature/Registered Agent		6/16/2015
		are true I am mo.	are that the false information submitted in a
document to the De	partment of State constitutes a third degree f	felony as provided f	for in s.817.155, F.S.
Michael	Signature/Incorporator		6/16/2015
Required	d Signature/Incorporator		Date