

P 10000018331

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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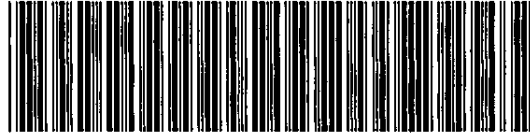
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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02/19/16--01015--014 **78.75

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16 FEB 19 PM 1:56
CLERK OF COURT
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५२/२९/१५

COVER LETTER

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

SUBJECT: HAUKAI, 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: FLOR CHIP
Name (Printed or typed)

20958 AVENEL RUN
Address

BOCA RATON, FL 33428
City, State & Zip

(954) 665-7601
Daytime Telephone number

FLR_CHIP@yahoo.com
E-mail address: (to be used for future annual report notification)

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

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

ARTICLE I NAME

The name of the corporation shall be: HAUKAI, INC.

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ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address

20958 AVENEL RUN
BOCA RATON, FL 33428

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Mailing address, if different is:

CHERRY ESTATE
BOCA RATON, FL 33428

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ANY AND ALL LAWFUL
BUSINESS.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: FLOR CHIP - PRESIDENT Name and Title: _____

Address 20958 AVENEL RUN Address: _____
BOCA RATON, FL 33428

Name and Title: STEPHEN CHIP - DIRECTOR Name and Title: _____

Address 20958 AVENEL RUN Address: _____
BOCA RATON, FL 33428

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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: FLOR CHIP

Address: 20958 AVENEL RUN
BOCA RATON, FL 33428

ARTICLE VII INCORPORATOR

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

Name: FLOR CHIP

Address: 20958 AVENEL RUN
BOCA RATON, FL 33428

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CLERK OF THE COURT
JUDICIAL CIRCUIT IN AND FOR
THE NINTH JUDICIAL CIRCUIT
PALM BEACH COUNTY, FLORIDA

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

Flor Chip

Required Signature/Registered Agent

2/14/16

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.

Flor Chip

Required Signature/Incorporator

2/14/16

Date