P17000023572

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H17000070384 3)))

H17000070384ABC/

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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

From:
Account Name : KOEPPEL LAW GROUP, P.A.
Account Number : I20070000064
Phone : (561)659-6455
Fax Number : (561)659-7006

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
HYDE 3503, INC.

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

Electronic Filing Menu Corporate Filing Menu Help

17 MAR 14 PM 2:14
BUREAU OF COMMERCIAL RECORDING
INFORMATION SERVICES

M. MOON
MAR 14 2017

(((H17000070384 3)))

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: Hyde 3503, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address	Mailing address, if different is:
1515 N. Flagler Dr. #220	
West Palm Beach, FL 33401	

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: Real Estate purchase, sale, management, leasing and other lawful business purposes.

ARTICLE IV SHARES
The number of shares of stock is: 200

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Aldo Vicenzo, President
Address: 1515 N. Flagler Dr. #220, West Palm Beach, FL 33401

Name and Title:
Address:

Name and Title:
Address:

Name and Title:
Address:

Name and Title:
Address:

Name and Title:
Address:

(((H17000070384 3)))

(((H17000070384 3)))

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: Joel P. Knoppel, Esq.

Address: 1515 N. Flagler Dr. #220

West Palm Beach, FL 33401

ARTICLE VII INCORPORATOR

The name and address of the incorporator is:

Name: Aldo Vicenzo

Address: 1515 N. Flagler Dr. #220

West Palm Beach, FL 33401

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 days prior or 90 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

Required Signature/Registered Agent — Date: 3/14/17

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.

Required Signature/Incorporator — Date: March 14th 2017

(((H17000070384 3)))