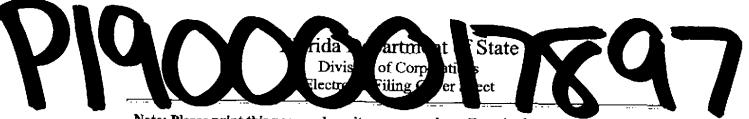
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Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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	so will generate another cover sheet.	ř-
To:		
	Division of Corporations	5.=
	Fax Number : (850)617-6381	2
ron:		<u>:</u> n
•	Account Name : LAZARUS CORPORATE FILING SERVICE, INC.	<u>, </u>
	Account Number : 120000000019	<u> </u>
	Phone : (305)552-5973	8
	Fax Number : (305)675-5944	25
	er the email address for this business entity to be used for annual report mailings. Enter only one email address please. Email Address: FIORIDA PROFIT/NON PROFIT CORPORATION	
	annual report mailings. Enter only one email address please.	
	annual report mailings. Enter only one email address please. Email Address: FLORIDA PROFIT/NON PROFIT CORPORATION	
	FLORIDA PROFIT/NON PROFIT CORPORATION MADDY ENTERPRISE, INC.	**
	FLORIDA PROFIT/NON PROFIT CORPORATION MADDY ENTERPRISE, INC. Certificate of Status Certified Copy 1	
	FLORIDA PROFIT/NON PROFIT CORPORATION MADDY ENTERPRISE, INC. Certificate of Status	** K

Electronic Filing Menu

Corporate Filing Menu

Help

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ARTICLES OF INCORPORATION In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is:
Haddy Enterprise, Inc.
ARTICLE II PRINCIPAL OFFICE:
The principal street add-
The principal street address and mailing address is: 2652 Scu 149 Pl refrance Fl 33185
1 Heave F1. 33185
ARTICLE III SHARES: The number of shares of stock is:
ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:
Haria A. Diaz
ARTICLEV
ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS: The name and Florida street address (DO F
Box not acceptable) of the registered agont in
2652 SW 149 PI
M12-30 149 PL
- MAMI FL 33185
ARTICLE VI INCORPORATOR TO
ARTICLE VI INCORPORATOR: The name and address of the Incorporator is:
265) Su) 11/2
miami I/ 5 5

Required Signatures:

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

Registered Agent 2/1/19

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.

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