

1/20/2020

To: 17184082550 Fax: 1830617638

Division of Corporations

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.

((H20000021912 3)))



H200000219123ABCR

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 : USACORP INC.
Account Number : I20130000019
Phone : (718)362-4789
Fax Number : (718)408-2550

C RICO

JAN 23 2020

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: howarddolgon@gmail.com

FLORIDA PROFIT/NON PROFIT CORPORATION
Howard Dolgon Consulting Inc.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$70.00

RECEIVED
2020 JAN 23 PM 12:28
DIVISION OF CORPORATIONS
COMMERCIAL
SERVICES

Electronic Filing Menu

Corporate Filing Menu

Help

((H20000021912 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: Howard Dolgon Consulting Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

23419 Milano Court

Boca Raton, FL 33433

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ANY LAWFUL ACTIVITY

ARTICLE IV SHARES

The number of shares of stock is: 200

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Howard Dolgon, President

Name and Title:

Address 23419 Milano Court

Address:

Boca Raton, FL 33433

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
20 JAN 23 PM 4:33

((H20000021912 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: Howard Dolgon

Address: 23419 Milano Court

Boca Raton, FL 33433

ARTICLE VII INCORPORATOR

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

Name: Howard Dolgon

Address: 23419 Milano Court

Boca Raton, FL 33433

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

<u>/s/ Howard Dolgon</u>	<u>01/20/2020</u>
Required Signature/Registered Agent	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.

<u>/s/ Howard Dolgon</u>	<u>01/20/2020</u>
Required Signature/Incorporator	Date

((H20000021912 3)))