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(Requestor's Name)

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(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

PICK-UP

WAIT

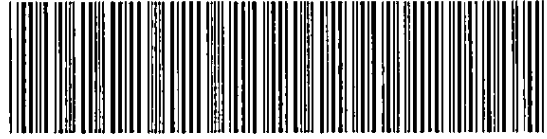
MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:



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4 PAGES

APR 27 2020

## COVER LETTER

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

**SUBJECT:** HASKIN MARKETING, 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       \$78.75  
Filing Fee      Filing Fee  
                         & Certificate of Status

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input checked="" type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
<b>ADDITIONAL COPY REQUIRED</b>	

**FROM:** (BOBI HASKIN, CEO)  
Name (Printed or typed)

703 SW 47TH TERRACE # 3  
Address

CAPE CORAL, FL 33914  
City, State & Zip

239-204-7876  
Daytime Telephone number

marketinghaskin@hotmail.com  
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)

**ARTICLE I NAME**

The name of the corporation shall be: HASKIN MARKETING, INC

**ARTICLE II PRINCIPAL OFFICE**

<p>Principal <del>street</del> address <u>703 SW 47th TERRACE #3</u> <u>CAPE CORAL, FL 33914</u></p>	<p>Mailing address, if different is: _____ _____</p>
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**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: The Corporation shall engage on any activity or  
business permitted under the laws of the United States and of the State of Florida

**ARTICLE IV SHARES**

The number of shares of stock is: 10,000

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: <u>Bobi Haskin, President</u>	Name and Title: _____
Address <u>703 SW 47th Terrace, #3</u>	Address: _____
<u>Cape Coral, FL 33914</u>	_____
_____	_____

Name and Title: <u>Bobi Haskin, Sectary</u>	Name and Title: _____
Address <u>703 sw 47th Terrace, #3</u>	Address: _____
<u>Cape Coral, FL 33914</u>	_____
_____	_____

Name and Title: <u>Bobi Haskin, Treasure</u>	Name and Title: _____
Address <u>703 SW 47th Terrace, #3</u>	Address: _____
<u>Cape Coral, FL 33914</u>	_____
_____	_____

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: Bobi Haskin  
Address: 703 SW 47th Terrace, #3  
Cape Coral, FL 33914

**ARTICLE VII INCORPORATOR**

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

Name: Bobi Haskin  
Address: 703 SW 47th Terrace, #3  
Cape Coral, FL 33914

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: 3/16/2020 (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*

Bobi Haskin  
Required Signature/Registered Agent

4/23/2020  
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.*

Bobi Haskin  
Required Signature/Incorporator

4/23/2020  
Date