

Division of Corporations

Page 1 of 1

P20000067937
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.

((H20000304212 3)))



H200003042123ABCO

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 : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.
Account Number : 075350000353
Phone : (800) 221-2972
Fax Number : (917) 243-5843

****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
NEW HARTFORD FL INC.**

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

Electronic Filing Menu

Corporate Filing Menu

Help

DocuSign Envelope ID: F00C8B61-FB95-493F-A329-13F2D66B10CF

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

ARTICLE I NAMEThe name of the corporation shall be: NEW HARTFORD FL INC.**ARTICLE II PRINCIPAL OFFICE**Principal street address
16850-112 COLLINS AVE., SUITE 269SUNNY ISLES BEACH, FL 33160

Mailing address, if different is:

c/o BANYM, INC.16850-112 COLLINS AVE., SUITE 269SUNNY ISLES BEACH, FL 33160**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: to engage in any lawful act or activity for
which corporations may be organized.**ARTICLE IV SHARES**The number of shares of stock is: 100**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: STEPHANE CONRAD-PRESIDENT

Name and Title: _____

Address: c/o BANYM, INC.

Address: _____

16850-112 COLLINS AVE., SUITE 269SUNNY ISLES BEACH, FL 33160

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

DocuSign Envelope ID: F00C8B61-FB95-493F-A329-13F2D66B10CF

Name and Title: _____ Name and Title: _____
 Address: _____ Address: _____

ARTICLE VI REGISTERED AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: BANYM, INC.
 Address: 16850-112 COLLINS AVE., SUITE 269
SUNNY ISLES BEACH, FL 33160

ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

Name: STEPHANE CONRAD
 Address: c/o BANYM, INC. 16850-112 COLLINS AVE., SUITE 269
SUNNY ISLES BEACH, FL 33160

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

(X) _____
 Required Signature/Registered Agent

09/01/20
 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.

DocuSigned by:
 (X) Stephane Conrad
 Signature/Incorporator

01 septembre 2020
 Date