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Florida Department of State
Division of Corporations
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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
THE HARBOR GROUP OF SOUTH FLORIDA, INC.**

Certificate of Status	0
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Page Count	01
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Corporate Filing Menu

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ARTICLES OF INCORPORATION

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

ARTICLE I NAMEThe name of the corporation shall be: THE HARBOR GROUP OF SOUTH FLORIDA, INC.**ARTICLE II PRINCIPAL OFFICE**Principal street address105 Shoreham WayPatchogue NY 11772

Mailing address, if different is:

105 Shoreham WayPatchogue NY 11772**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: Consultant**ARTICLE IV SHARES**The number of shares of stock is: 200**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: Douglas Muklbauer - DirectorAddress 3101 Bayshore DrUnit 1002Fort Lauderdale, FL 33304

Name and Title: _____

Address _____

Name and Title: _____

Address _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

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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: BLUMBERGEXCELSIOR CORPORATE SERVICES, INC.Address: 155 Office Plaza Drive, 1st Fl.TALLAHASSEE, FL 32301**ARTICLE VII INCORPORATOR**The name and address of the Incorporator is:Name: Ana MaisonaveAddress: 16 Court StBrooklyn, NY 11241**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*

Asst. Secretary, Zeina Hassoun

Zeina Hassoun

Required Signature/Registered Agent

02/16/2021

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.*Ana Maisonave

Required Signature/Incorporator

02/16/2021

Date

FILED
CL

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