

P21000024039

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

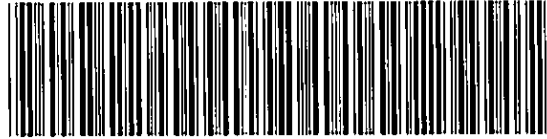
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400358683694

03/18/21--01001--006 **87.50

21 MAR 17 PM 3:51

SECRETARY OF STATE
TALLAHASSEE, FL

2021 MAR 17 PM 12:46

FILED

**CORPORATE
ACCESS,
INC.**

When you need ACCESS to the world

236 East 6th Avenue, Tallahassee, Florida 32303
P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

WALK IN

PICK UP: 03/17/2021

xx **CERTIFIED COPY**

☐ **PHOTOCOPY**

xx **CUS**

xx **FILING**

ARTICLES

1. HALF DOME ENTERPRISES, INC.
(CORPORATE NAME AND DOCUMENT #)

2. _____
(CORPORATE NAME AND DOCUMENT #)

3. _____
(CORPORATE NAME AND DOCUMENT #)

4. _____
(CORPORATE NAME AND DOCUMENT #)

5. _____
(CORPORATE NAME AND DOCUMENT #)

6. _____
(CORPORATE NAME AND DOCUMENT #)

**SPECIAL
INSTRUCTIONS:**

COVER LETTER

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

SUBJECT: HALF DOME ENTERPRISES, 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

☐ \$78.75 ☒ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: Joseph D. Foley, Jr.

Name (Printed or typed)

283 Cranes Roost Blvd., Suite 111

Address

Altamonte Springs, FL 32701

City, State & Zip

407 810-3242

Daytime Telephone number

jfoley@josephfoleylaw.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: HALF DOME ENTERPRISES, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

283 Cranes Roost Blvd., Suite 111, Altamonte Springs, FL 32701

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Any and all lawful business.

ARTICLE IV SHARES

The number of shares of stock is: 10,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Joseph D. Foley, Jr., President & Director

Address: 283 Cranes Roost Blvd., Suite 111,
Altamonte Springs, FL 32701

Name and Title: Carol R. Foley, Vice-President & Director

Address: 283 Cranes Roost Blvd., Suite 111
Altamonte Springs, FL 32701

Name and Title: Joseph D. Foley, Jr., Treasurer

Address: 283 Cranes Roost Blvd., Suite 111
Altamonte Springs, FL 32701

Name and Title: Carol R. Foley, Secretary

Address: 283 Cranes Roost Blvd., Suite 111
Altamonte Springs, FL 32701

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

FILED
2021 MAR 17 PM 12:46
SECRETARY OF STATE
TALLAHASSEE, FL

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: Joseph D. Foley, Jr.
Address: 283 Cranes Roost Blvd., Suite 111
Altamonte Springs, FL 32701

ARTICLE VII INCORPORATOR

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

Name: Joseph D. Foley, Jr.
Address: 283 Cranes Roost Blvd., Suite 111
Altamonte Springs, FL 32701

2021 MAR 17 PM 12:46
SECRETARY OF STATE
TALLAHASSEE, FL

FILED

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

Joseph D. Foley, Jr.
Required Signature/Registered Agent

3/17/21
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.

Joseph D. Foley, Jr.
Required Signature/Incorporator

3/17/21
Date