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To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : SORSHER & ASSOCIATES, LLC.
Account Number : I20170000056
Phone : (954)842-2931
Fax Number : (954)842-2936

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
HASHTEX, INC.**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$70.00

2021 MAY 19 PM 11:34

ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED

5/21/21
[Signature]

COVER LETTER

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

SUBJECT: HASHTEX, 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: MICHAEL KLEIN
Name (Printed or typed)

900 N FEDERAL HWY, STE 306

Address

HALLANDALE, FL 33009

City, State & Zip

(786) 909-8276

Daytime Telephone number

MKLEINWORLD@GMAIL.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 NAMEThe name of the corporation shall be: HASHTEX, INC.**ARTICLE II PRINCIPAL OFFICE**Principal street address

Mailing address, if different is:

900 N FEDERAL HWY, STE 306900 N FEDERAL HWY, STE 306HALLANDALE, FL 33009HALLANDALE, FL 33009**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: ANY AND ALL LAWFULL BUSINESS**ARTICLE IV SHARES**The number of shares of stock is: 100**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: KLEIN, MICHAEL - CEOName and Title: DALTON, ALEN - CIOAddress 17121 COLLINS AVE, UNIT 903Address: 2111 WOODBOX LANE, UNIT CSUNNY ISLES BEACH, FL 33160PIKESVILLE, MD 21209Name and Title: GENTNER, THOMAS - PRESIDENTName and Title: AKSANOV, YAROSLAV - VPAddress 6017 FOXHALL FARM RDAddress: 900 N FEDERAL HWY, STE 306CATONSVILLE, MD 21228HALLANDALE, FL 33009Name and Title: OFFUTT, MAGRUDER - VP

Name and Title: _____

Address 1942 HIGH RIDGE RD

Address: _____

ANNAPOLIS, MD 21409

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: KLEIN, MICHAEL
Address: 900 N FEDERAL HWY. STE 306
HALLANDALE, FL 33009

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: KLEIN, MICHAEL
Address: 900 N FEDERAL HWY. STE 306
HALLANDALE, FL 33009

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.

Michael Klein

Required Signature/Registered Agent

05/20/2021

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.

Michael Klein

Required Signature/Incorporator

05/20/2021

Date