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.

(((H21000410206 3)))



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 : HUBCO

Account Number : 104662003400

: (516)935-3940

Fax Number

: (516)935-3088

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: ____MOYA@BRIANMARCUSCPA.COM

FLORIDA PROFIT/NON PROFIT CORPORATION HYDRO POINT INDUSTRIES INC

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$78.75

Electronic Filing Menu

Corporate Filing Menu

Help

H21000410206

ARTICLES OF INCORPORATION

→ 18506176**3**81

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

The purpose for which the corporation is organized is:	Mailing address, if different is: AL OR LAWFUL PURPOSE	
ARTICLE III PURPOSE The purpose for which the corporation is organized is: ANY LEGAL	AL OR LAWFUL PURPOSE	
ARTICLE IV SHARES The number of shares of stock is: 1,500 AT NO PAR VALUE	D.C	
ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS Name and Title: TIMOTHY SIACHITANO - PRESIDENT/DIRECTOR	R Name of Title	
Address 74 ROBBINS AVENUE BABYLON, NY 11702		
Name and Title:Address	Name and Title: Address: Diction 1 22 22 23 25 25 25 25 25 25 25 25 25 25 25 25 25	7021 40
Name and Title:Address	Name and Title:	/-4 AH 7: 26

			H21000410206	
Name and Title:		Name and Title:	Name and Title:	
Addres	ss	Address:		
The name and I	REGISTERED AGENT Florida street address (P.O. Box NOT accepta	able) of the registered agent is:		
Name:	TIMOTHY SIACHITANO			
Address:	2330 4TH LANE SW	···		
. 100.0.0	VERO BEACH, FL 32962			
A RT ICI E VII	INCORPORATOR			
	· · · · · · · · · · · · · · · · · · ·			
ine name and a	address of the Incorporator is: TIMOTHY SIACHITANO			
Name:				
Address:	74 ROBBINS AVENUE			
	BABYLON, NY 11702			
Effective date, i	EFFECTIVE DATE: f other than the date of filing: date is listed, the date must be specific and	. (OPTIONA	L)	
(ii an enective	date is fisted, the date must be specime and	cannot be more than five days	prior or 90 days after the	
Note: If the dat the document's	e inserted in this block does not meet the apple effective date on the Department of State's re	licable statutory filing requirement cords.	nts, this date will not be listed as	
Having been nat certificate, I am	med as registered agent to accept service of profamiliar with and accept the appointment as r	ocess for the above stated corpora egistered agent and agree to act in	tion at the place designated in this n this capacity	
	det_		NOVEMBER 3, 2021	
Required Signatu	rre/Registered Agent		Date	
I submit this do document to the	cument and affirm that the facts stated here Department of State constitutes a third degree	in are true. I am aware that the efelony as provided for in s.817.1.	false information submitted in a 55, F.S.	
	A TOTAL		NOVEMBER 3, 2021	
Required Signature/Incorporator			Date	
			202 SE	
			CRE TAC	
			1	
			→ • • • • • • • • • • • • • • • • • • •	