

P22000065001

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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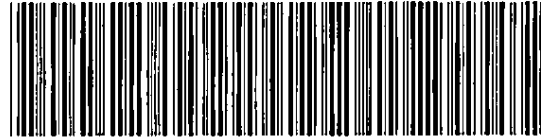
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA

2022 AUG 19 PM 3:18

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RECORDED
2022 AUG 19 PM 3:30
TALLAHASSEE, FLORIDA

D. O'KEEFE

AUG 19 2022

COVER LETTER

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

SUBJECT: HAL Weather Machine 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:

Sidamar Bacci

Name (Printed or typed)

674 Squires Grove Dr

Address

Winter Haven FL 33880

City, State & Zip

321-290-7046

Daytime Telephone number

info@sidamarnews.com

E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

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DEPT OF STATE
TALLAHASSEE, FLORIDA

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: HN Wealth Machine Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

674 Squirres Grove DR
Winter Haven FL 33880

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Any and all lawful business
in the State of Florida

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Nicolas Di Leo / P Name and Title:

Address: 674 Squirres Grove DR Address:
Winter Haven FL
33880

Name and Title: Name and Title:

Address: Address:

Name and Title: Name and Title:

Address: Address:

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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: Lidamar Bucci
Address: 674 Squirrels Grove Dr
Winter Haven FL 33880

ARTICLE VII INCORPORATOR

The name and address of the incorporator is:

Name: Lidamar Bucci
Address: 674 Squirrels Grove Dr
Winter Haven FL 33880

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 8/19/2022 (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

[Signature]
Required Signature/Registered Agent

8/19/2022
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.

[Signature]
Required Signature/Incorporator

8/19/2022
Date