

PA20000094450

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

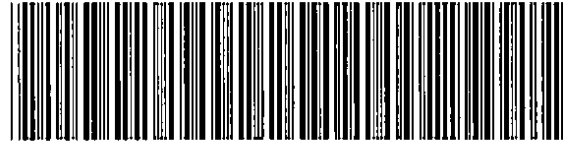
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



200399004262

*[Handwritten signature]*  
12/27/22

12/23/22--01011--006 \*\*87.50

**FILED**  
**RECEIVED**  
2022 DEC 29 PM 10:12  
2022 DEC 29 PM 12:48  
SECRETARY 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: HAIL FREE SOLUTIONS ,INC

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

5753 HWY 85 N #2646  
CRESTVIEW ,FL 32536

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: ANY AN ALL LAWFUL BUSINESS

**ARTICLE IV SHARES**

The number of shares of stock is: 1,000,000

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Cain Smith , President

Name and Title:

Address 5753 Hwy 85 N Suite 2646  
Crestview ,Fl 32536

Address:

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

**FILED**  
2022 DEC 29 PM 10:12  
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: \_\_\_\_\_

Cain Smith

Address: \_\_\_\_\_

5753 HWY 85 N #2646

Crestview FL, 32536

**ARTICLE VII INCORPORATOR**

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

Name: \_\_\_\_\_

Cain Smith

Address: \_\_\_\_\_

5753 HWY 85 N #2646

Crestview FL, 32536

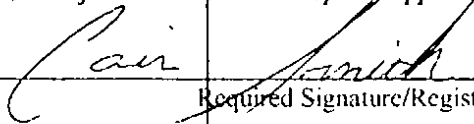
**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: 12-26-2022 (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*

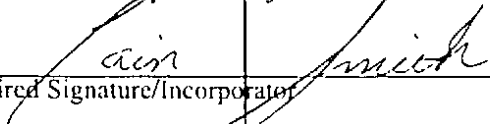


Required Signature/Registered Agent

12-26-2022

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.*



Required Signature/Incorporator

12-26-2022

Date

**FILED**  
2022 DEC 29 PM 10:12  
SECRETARY OF STATE  
TALLAHASSEE, FL