

P230000SS091

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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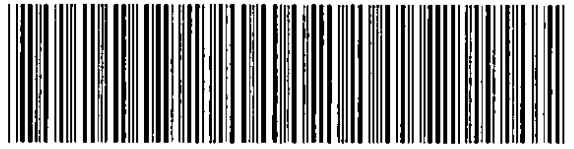
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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07/06/23--01022--006 **87.50

2023 JUL -6 PM 3:33
STATE

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COVER LETTER

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

SUBJECT: The Slab 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: Thomas Haggerty
Name (Printed or typed)

1524 SW 19th ave
Address

Fort Lauderdale FL, 33312
City, State & Zip

(954) - 790 - 8662
Daytime Telephone number

thomashaggerty@gmail.com
E-mail address (to be used for future annual report notification)

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

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FL

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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: Thomas Haggerty

Address: 1524 SW 19th Ave

Fort Lauderdale, FL, 33312

ARTICLE VII INCORPORATOR

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

Name: Thomas Haggerty

Address: 1524 SW 19th Ave

Fort Lauderdale, FL, 33312

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: N/A. (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

N/A
Required Signature/Registered Agent

N/A
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.

Thomas Haggerty
Required Signature/Incorporator

Date 7/3/2023

Thomas Haggerty

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STATE OF FLORIDA
DEPARTMENT OF STATE