

12/13/23, 11:44 AM

Division of Corporations

P23000085473

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

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

From:

Account Name : Vcorp SERVICES, LLC
Account Number : 120080000067
Phone : (845)425-0077
Fax Number : (845)818-3588

****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**Haba Sales Consulting Corp**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$70.00

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Corporate Filing Menu

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

ARTICLE I NAMEThe name of the corporation shall be: Haba Sales Consulting Corp**ARTICLE II PRINCIPAL OFFICE**Principal ~~street~~ address
410 Salt Meadow Circle apt 303
Bradenton, Florida 34208Mailing address, if different is:

_____**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: A sales rep and consulting company

_____**ARTICLE IV SHARES**The number of shares of stock is: 200**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: Richard Iannone, President

Name and Title: _____

Address 410 Salt Meadow Circle apt 303

Address: _____

Bradenton, Florida 34208

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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HABASALES.COM
FLORIDA

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: Richard Iannone
Address: 410 Salt Meadow Circle apt 303
Bradenton, Florida 34208

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Lauren Endicott
Address: 25 Robert Pitt Dr ste 204
Monsey NY 10952

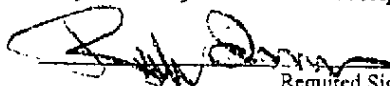
ARTICLE VIII EFFECTIVE DATE:

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



Required Signature/Registered Agent

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.

Lauren Endicott

Required Signature/Incorporator

12-12-2023
Date
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12-12-2023
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