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Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850)617-6381

From:
Account Name : HUBCO
Account Number : 104662003400
Phone : (516)813-1184
Fax Number : (516)935-3088

****Enter the email address for this business entity to be used for future
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Email Address: cwagner@gevaaccounting.com

FLORIDA PROFIT/NON PROFIT CORPORATION

Haines S.E. Corp

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

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7/24 FEB -7 PM 1:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

H24000052486

ARTICLES OF INCORPORATION

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

ARTICLE I NAMEThe name of the corporation shall be: Haines S.E. Corp**ARTICLE II PRINCIPAL OFFICE**Principal street address5824 23rd St, #9Zephyrhills, FL 33542

Mailing address, if different is:

ARTICLE III PURPOSEThe purpose for which the corporation is organized is: Any legal and Lawful Purpose**ARTICLE IV SHARES**The number of shares of stock is: 100 at No Par Value**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: Jeffrey Coiner - President/Director

Name and Title: _____

Address 5824 23rd St, #9

Address: _____

Zephyrhills, FL 33542

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

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Name and Title: _____	Name and Title: _____
Address _____	Address: _____
_____	_____
_____	_____

ARTICLE VI REGISTERED AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Jeffrey Coiner

Address: 5824 23rd St, #9

Zephyrhills, FL 33542

ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

Name: Jeffrey Coiner

Address: 5824 23rd St, #9

Zephyrhills, FL 33542

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

Jeffrey Coiner

Required Signature/Registered Agent Jeffrey Coiner

February 7, 2024

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.

Jeffrey Coiner

Required Signature/Incorporator Jeffrey Coiner

February 7, 2024

Date

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