

P240000014070

Florida Department of State  
Division of Corporations  
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Email Address: lfisher@lawrencepfisher CPA.com

**FLORIDA PROFIT/NON PROFIT CORPORATION  
MICHELE HART INC.**

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

**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: MICHELE HART INC.**ARTICLE II PRINCIPAL OFFICE**Principal street address

Mailing address, if different is:

1865 Walden WayThe Villages, FL 32162-1661**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: Any Lawful Purpose**ARTICLE IV SHARES**The number of shares of stock is: 1,500 at No Par Value**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: Michele Muldoon - President/Director Name and Title: \_\_\_\_\_Address: 1865 Walden Way Address: \_\_\_\_\_The Villages, FL 32162-1661 \_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

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

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

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

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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: Michele Muldoon

Address: 1865 Walden Way

The Villages, FL 32162-1661

**ARTICLE VII INCORPORATOR**The **name and address** of the Incorporator is:

Name: Michele Muldoon

Address: 1865 Walden Way

The Villages, FL 32162-1661

**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.*

<u>Michele Muldoon</u>	02/23/24	February 23, 2024
Required Signature/Registered Agent	Michele Muldoon	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.*

<u>Michele Muldoon</u>	02/23/24	February 23, 2024
Required Signature/Incorporator	Michele Muldoon	Date

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