

## 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 : RABIDEAU KLEIN  
Account Number : 120200000035  
Phone : (561)655-6221  
Fax Number : (561)655-3221

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: GRABIDEAU@RABIDEAUKLEIN.COM

**FLORIDA PROFIT/NON PROFIT CORPORATION  
HIVE HOME STAGING, INC.**

Certificate of Status	1
Certified Copy	1
Page Count	04
Estimated Charge	\$87.50

**COVER LETTER**

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

**SUBJECT:** HIVE HOME STAGING, 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:** GUY RABIDEAU

Name (Printed or typed)

440 ROYAL PALM WAY, SUITE 101

Address

PALM BEACH, FL 33480

City, State & Zip

561-655-6221

Daytime Telephone number

GRABIDEAU@RABIDEAUKLEIN.COM

E-mail address: (to be used for future annual report notification)

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

**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: HIVE HOME STAGING, INC.**ARTICLE II PRINCIPAL OFFICE**Principal street address424 PALM STREETWEST PALM BEACH, FL 33401

Mailing address, if different is:

**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS**ARTICLE IV SHARES**The number of shares of stock is: 100**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: SARA B. MCCANN - PRESIDENTAddress 424 PALM STREETWEST PALM BEACH, FL 33401Name and Title: MARK WILLIAM BODE - CFOAddress: 424 PALM STREETWEST PALM BEACH, FL 33401

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

Address \_\_\_\_\_

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

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

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

Address \_\_\_\_\_

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

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

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: GUY RABIDEAU  
Address: 440 ROYAL PALM WAY, SUITE 101  
PALM BEACH, FL 33480

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: GUY RABIDEAU  
Address: 440 ROYAL PALM WAY, SUITE 101  
PALM BEACH, FL 33480


**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*

 05/02/2024  
Required Signature/Registered Agent 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.*

 05/02/2024  
Required Signature/Incorporator Date

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