

To:

From: Mary Brooks

P24000043416

Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H24000220271 3)))



H240002202713ABCU

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

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

From:

Account Name : RASI
Account Number : I20220000023
Phone : (800)221-2972
Fax Number : (917)243-5843

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

Email Address: _____

RECEIVED
2024 JUN 26 AM 11:59
CORPORATIONS
COMMERCIAL
SERVICES

FLORIDA PROFIT/NON PROFIT CORPORATION

Deadfinitive Hifi Inc

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$70.00

FILED
2024 JUN 26 PM 12:37
STATE

[Electronic Filing Menu](#)

[Corporate Filing Menu](#)

[Help](#)

2024.06.25 01:10 PM STANLEY BYCK MBA INC 6314249999 P 1/ 2

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: Deadfinitive Hrfi Inc

ARTICLE II PRINCIPAL OFFICE

Principal ~~office~~ address Mailing address, if different is:
4085 Gallagher Loop
Casselberry, FL 32707

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Consulting

ARTICLE IV SHARES

The number of shares of stock is: 200

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: David J. Harris, Director Name and Title: _____
Address: 4085 Gallagher Loop Address: _____
Casselberry, FL 32707

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

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

2024 JUN 26 PM 12:37
FILE

2024.06.25 01:10 PM STANLEY BYCK MBA INC

6314249599

2 / 2

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: David J. Harris
Address: 4085 Gallagher Loop
Casselberry, FL 32707

ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

Name: Stanley T. Byck, MBA CTP ATA
Address: 7285 Morroca Lake Drive
Delray, FL 33446

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.)

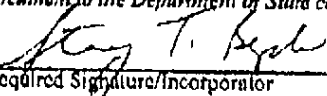
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

06/26/2024
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.


Required Signature/Incorporator

06/26/2024
Date