

P240000064071

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 : HANKIN & HANKIN
Account Number : I20200000209
Phone : (941) 957-0080
Fax Number : (941) 957-0558

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

Email Address: mhankin@sarasotalawfirm.com

FLORIDA PROFIT/NON PROFIT CORPORATION

DNL Haskins Holdings, Inc.

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$70.00

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COVER LETTER

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

SUBJECT: DNL Haskins Holdings, 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
Filing Fee

☐ \$78.75
Filing Fee
& Certificate of Status

☐ \$78.75
Filing Fee
& Certified Copy

☐ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: Michael T. Hankin, Esq.

Name (Printed or typed)

100 Wallace Avenue, Suite 100

Address

Sarasota, Florida 34237

City, State & Zip

(941) 957-0080

Daytime Telephone number

mhankin@sarasotalawfirm.com

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

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

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

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

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ARTICLE I NAMEThe name of the corporation shall be: DNL Haskins Holdings, Inc.**ARTICLE II PRINCIPAL OFFICE**Principal street address1857 Oakford RoadSarasota, Florida 34240

Mailing address, if different is:

ARTICLE III PURPOSEThe purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS**ARTICLE IV SHARES**The number of shares of stock is: 1,000**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: DONALD P. HASKINS, Director

Name and Title: _____

Address 1857 Oakford Road

Address: _____

Sarasota, Florida 34240Name and Title: LYNNETTE M. HASKINS, Director

Name and Title: _____

Address 1857 Oakford Road

Address: _____

Sarasota, Florida 34240

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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TALLAHASSEE, FLORIDA

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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: MICHAEL T. HANKIN, ESQ.
Address: 100 WALLACE AVENUE, SUITE 100
SARASOTA, FLORIDA 34237

ARTICLE VII INCORPORATORThe **name and address** of the Incorporator is:

Name: MICHAEL T. HANKIN, ESQ.
Address: 100 WALLACE AVENUE, SUITE 100
SARASOTA, FLORIDA 34237

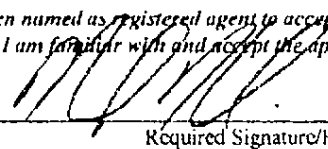
ARTICLE VIII EFFECTIVE DATE:

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.)

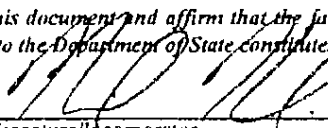
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

10/15/2024
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

10/15/2024
Date

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