

**P23000006 202**  
 Florida Department of State  
 Division of Corporations  
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To: Division of Corporations  
 Fax Number : (850)617-6381

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**\*\*\* RESUBMIT \*\*\***

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

Email Address: EJF@EJFPCA-PC.COM

2023 3 23 10:34

**FLORIDA PROFIT/NON PROFIT CORPORATION**  
**Harbor Point Commercial Flooring, Inc.**

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

*AS*



January 19, 2023

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

HUBCO

SUBJECT: HARBOR POINT COMMERCIAL FLOORING, INC.  
REF: W23000005671

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The person designated as registered agent in the document and the person signing as registered agent must be the same.

You must type the complete/legal name of the individual(s) signing the document in each signature block.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Dil Sultana  
Regulatory Specialist II

FAX Aud. #: H23000021895  
Letter Number: 823A00001375

**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: Harbor Point Commercial Flooring, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal <u>street</u> address <u>324 SW 13th Avenue</u> <u>Pompano Beach, FL 33069</u>	Mailing address, if different is: _____ _____ _____
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**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Any Legal or 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**

12  
11  
31

Name and Title: <u>Jennifer H. Nickelsen - President/Director</u>	Name and Title: _____
Address: <u>121 N. Compass Way, Apt. 521</u>	Address: _____
<u>Dania Beach, FL 33004</u>	_____

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

Name and Title: _____	Name and Title: _____
Address: _____	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: Jennifer H. Nickelsen

Address: 121 N. Compass Way, Apt. 521

Dania Beach, FL 33004

**ARTICLE VII INCORPORATOR**

The **name and address** of the Incorporator is:

Name: Edward J Filkowski

Address: 100 Merrick Road, Suite 350 West

Rockville Centre, NY 11570

**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*

Delegated by:  
Jennifer H. Nickelsen  
2448754909F40C  
Required Signature/Registered Agent Jennifer H. Nickelsen

January 20, 2023  
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.*

Delegated by:  
Edward J Filkowski  
24C832854987454  
Required Signature/Incorporator Edward J Filkowski

January 20, 2023  
Date