



**COVER LETTER**

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

**SUBJECT:** Triple H Septic Services 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

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
<b>ADDITIONAL COPY REQUIRED</b>	

**FROM:** Randal Mark Harris  
Name (Printed or typed)

3117 Elaine Drive  
Address

Lorida FL 33857  
City, State & Zip

863-441-5379  
Daytime Telephone number

fastdragracer@hotmail.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)

APPROVED  
AND  
FILED

**ARTICLE I NAME** Triple H Septic Services Inc  
The name of the corporation shall be:

TI AUG 15 PM 2:41

**ARTICLE II PRINCIPAL OFFICE**  
Principal street address  
12145 US Highway 98  
Sebring FL 33876

Mailing address if different is: STATE  
P.O. Box 1445 TALLAHASSEE FLORIDA  
Sebring FL 33871

**ARTICLE III PURPOSE**  
The purpose for which the corporation is organized is:  
To provide septic services and installation to Florida residents and businesses.

**ARTICLE IV SHARES**  
The number of shares of stock is: 2

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Randal Mark Harris - Pres. Treasurer Name and Title: \_\_\_\_\_  
Address: 3117 Elaine Drive Address: \_\_\_\_\_  
Lorida FL 33857 \_\_\_\_\_

Name and Title: Donna L Rhoads - V P - Secretary Name and Title: \_\_\_\_\_  
Address: 3117 Elaine Drive Address: \_\_\_\_\_  
Lorida FL 33857 \_\_\_\_\_

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: Randal Mark Harris  
Address: 3117 Elaine Drive  
Lorida FL 33857

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:  
Name: Donna L Rhoads  
Address: 3117 Elaine Drive  
Lorida FL 33857

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

Randal M Harris \_\_\_\_\_ 08 / 11 / 2011  
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.

Donna L Rhoads \_\_\_\_\_ 08 / 11 / 2011  
Required Signature/Incorporator Date