

P11000073255

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

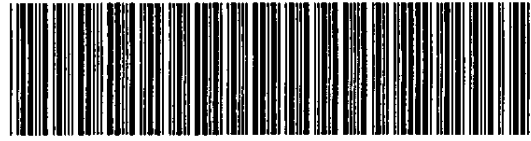
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900210808269

08/15/11--01018--013 **78.75

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11 AUG 15 PM 2:41

APPROVED
FILED

1/4

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
ADDITIONAL COPY REQUIRED	

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