1190000009305

(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

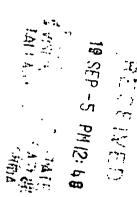
R KEMP

SEP 09 2019



200333786782

200333786782 09/06/19--01011--022 **70.00



19 SEP - 6 AM 10: 57

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

CORSOS FOR HE	ROES, INC.		
		Art of Inc. File	
		LTD Partnership File	
		Foreign Corp. File	
		L.C. File	
		Fictitious Name File	
		Trade/Service Mark	
		Merger File	
		Art, of Amend, File	
		RA Resignation	_
		Dissolution / Withdrawal	
		Annual Report / Reinstatement_	
		Cert. Copy	19
		Photo Copy	SEP
		Certificate of Good Standing	
		Certificate of Status	<u></u> - -
		Certificate of Fictitious Name	
		Corp Record Search	26
		Officer Search	
		Fictitious Search	
Signature		Fictitious Owner Search	
J.G. Martin		Vehicle Search	_
	· · · · · · · · · · · · · · · · · · ·	Driving Record	_ _
Requested by: Seth	00/06/10	UCC 1 or 3 File	_
<u> </u>	$\frac{09/06/19}{\text{Date}} {\text{Time}}$	- UCC 11 Search	
Name	Date Time	UCC 11 Retrieval	_ _
Walk-In	Will Pick Up	Courier	

COVER LETTER

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

SUBJECT:	CORSOS F	OR HELD	DES /NC.	
	(PROPOSED CORPO	PRATE NAME - MUST INC	LUDE SUFFIX)	
Enclosed is an original	and one (1) copy of the Artic	cles 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	
	ADDITIONAL COPY REQUIRED			
FROM:		Hobson Ese	7	
	500 E. KEN	NEdy Blud	Suite	200
TAMPA H 33602 City, State & Zip				
813-622-000 Daytime Telephone number				
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 617, F.S., (Not for Profit)

The name of the corporation	shall be:	RSOS FO	OR HER	oes, INC.	
ARTICLE II PRINCIPA	<u>AL OFFICE</u>			 	
	street address: Whitaker	Rd.	Mailing t	address, if different is:	
Lutz,	7 335	49			
ARTICLE III PURPOS The purpose for which the c	Ecorporation is organized	is: to DA	povide	SERVICE	doss
The purpose for which the control of the purpose for the purpose for which the control of the purpose for	raus of	the MIL	tary to	Drovide	TRAINING
to CEUTIFY	SERVICE	do65 For	VETERA.	NS.	<u></u>
	 -				
ARTICLE IV MANNER	ROF ELECTION The	manner in which the	directors are elected	and appointed:	pointel
			<u> </u>	<u> </u>	<u> </u>
ARTICLE V INITIAL C	OFFICERS AND/OR DI	RECTORS			
Name and Title:	Ly Topo		Dece	deat	
Address 907	Thitaken.	RI	PRES	/aca	_
Luti	2. 9 330	<u> </u>			_
		- \$ - {			_
Name and Title: Villa	INIA SWEEL		TISK	REV-SECRE	tien
Address <u>907</u>	Whitaker	Rd			
101	z, F1 3359	19			_
		, 			
Name and Title:		Name and T	itle:		<u>-</u> _
Address		Address:		···	
-					
					~ 65 −` ∽
				:	

Name and Title:		Name and Title:	
Address			
_			
_			
Name and Title:		Name and Title:	
Address			
_		Address:	
			
_			
The name and Fl	<u>REGISTERED AGENT</u> orida street address (P.O. Box N	OT acceptable) of the registered agent is	
Name:	Blas J. Hale	(A) So	•
Address:	801 Ben 60	mand Da	
Address:	Towns For	<u></u>	
	THIMPOL PT	33617	
ARTICLE VII	INCORPORATOR		
The name and ad	dress of the Incorporator is:		
Name:	Veter J. Ho.	BSON, ESA.	
Address:	801 BEN LOND	and De.	
	TAMPER, FI	33617	
ARTICLE VIII	, <u>EFFECTIVE DATE:</u>		
Effective date, if	other than the date of filing:	(OPTIO	NAL)
(** *** = *****************************	are is asted, the date indst be spe	ecific and cannot be more than five di	ays prior or 90 days after the filing.)
Note: If the date	inserted in this block does not me	et the applicable statutory filing require	ments, this date will not be listed as the
document's effect	ive date on the Department of Sta	te's records.	
Having been nan	ned as registered agent to accept	service of process for the above stated	corporation at the place designated in the
certificate, I am fi	imiliar with aniffaccept the appoin	ntment as registered agent and agree to	act in this capacity
	/h_		9/1/19
	Required Signature of Ro	- -	Date
I submit this docu	ment and affirm that the facts sta	ted herein are true. I am aware that an	y false information submitted in a docume.
io inc Department	of state constitutes a intra degree	e felony as provided for in s.817.155, F	s.
	Required Signature	of Ingome with	95/19
	Acquired Signature	от инсогрогиют	Date
			· · · · · · · · · · · · · · · · · · ·
			:. '

HILED

HILED

HILED