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# TRANSMITTAL LETTER

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

and is an origina	l and ana (1) aa	mr of the entire of	:
\$70.00 Filing Fee	Filing Fee & Certificate	S122.50 Filing Fee & Certified Copy	incorporation and a check for:  \$\begin{align*} \\$131.25 \\ \text{Filing Fee} \\ \text{Certified Copy} \\ & \text{Certificate} \end{align*}
FR	OM: <b>DAVII</b>	O MICHAEL HERI  Name (printed or types	**
	18293	3 N CR 349	
		Address	
	O'Br	rien, FL 32071 City, State & Zip	
	(38	36) 776-1280	
		Daytime Telephone Nu	mber

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

## ARTICLES OF INCORPORATION

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

## ARTICLE I NAME

The name of the corporation shall be: **DMH ENTERPRISES, INC.** 

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LCLETARY OF STATE
TALLAHY SSEE, FLORE

## ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

18293 N CR 349 O'BRIEN, FL 32071

## ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 100 SHARES PAR VALUE \$1.00

# ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

BARBARA COULTHURST 172 W MAIN STREET MAYO, FL 32066

### ARTICLE V INCORPORATOR(S)

The name(s) and street addresses	of the incorporator(s) to these	Articles of Incorpora-
tion are:		

(PRESIDENT)

(VICE PRESIDENT)

DAVID MICHAEL HERRON SR.

DAVID MICHAEL HERRON JR.

18293 N CR 349

18293 N CR 349

O'BRIEN, FL 32071

O'BRIEN, FL 32071

(SECRETARY/TREASURER)

MARY N HERRON 18293 N CR 349 O'BRIEN, FL 32071

## ARTICLE VI PURPOSE

The purpose of this corporation is to meet the requirements of the Construction Industry as a Contractor.

The undersigned incorporators have executed these Articles of Incorporation this

6<sup>th</sup> day of January , 2004.

Signature

Signature

Signature

### **CERTIFICATE OF DESIGNATION OF**

## REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 OR 617.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is:	DMH ENTERPRISES, INC.	
2. The name and address of the regis	tered agent and office is:	F 11 04 JAN 27 SECRETAR TALLAHASS
BAR	RBARA COULTHURST	
	(Name)	N. 09
172	W MAIN STREET	<b></b>
	(P.O. Box <u>not</u> acceptable)	
MA	YO, FL 32066	
	(City/State/Zip)	

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Barbara Couldhust	1-6-04
(Signature)	(Date)