

P04000071954

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

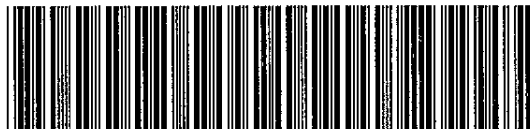
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04 MAY -3 AM 11:38

2004 MAY -3 A 9:30 DIVISION OF CORPORATION

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CAPITAL CONNECTION, INC.

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

Double H Foliage Enterprise, Inc.

Signature _____

Requested by: _____

Name _____

Date

5/3/04

Time

10:18

Walk-In _____

Will Pick Up _____

☒ 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 _____

☒ Photo Copy _____

____ Certificate of Good Standing _____

____ Certificate of Status _____

____ Certificate of Fictitious Name _____

____ Corp Record Search _____

____ Officer Search _____

____ Fictitious Search _____

____ Fictitious Owner Search _____

____ Vehicle Search _____

____ Driving Record _____

____ UCC 1 or 3 File _____

____ UCC 11 Search _____

____ UCC 11 Retrieval _____

____ Courier _____

**ARTICLES OF INCORPORATION
OF
DOUBLE H FOLIAGE ENTERPRISE, INC.**

**THE UNDERSIGNED SUBSCRIBER (s) TO THESE ARTICLES OF INCORPORATION,
NATURAL PERSON (s) COMPETENT TO CONTRACT, HEREBY FORM A CORPORATION UNDER
THE LAWS OF THE STATE OF FLORIDA.**

2004 MAY - 3 A 9 39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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ARTICLE I - CORPORATE NAME

THE NAME OF THE CORPORATE IS: DOUBLE H FOLIAGE ENTERPRISE, INC.

ARTICLE II - DURATION

**THIS CORPORATION SHALL EXIST PERPETUALLY UNLESS DISSOLVED
ACCORDING TO FLORIDA LAW.**

ARTICLE III -PURPOSE

**THE CORPORATION IS ORGANIZED FOR THE PURPOSE OF ENGAGING IN ANY
ACTIVITIES OR BUSINESS PERMITTED UNDER THE LAWS OF THE UNITED STATES AND THE STATE OF
FLORIDA.**

ARTICLE IV- CAPITAL STOCK

**THE CORPORTATION IS AUTHORIZED TO ISSUE (five hundred) SHARES
(500) OF (one) DOLLAR (s) (\$ 1.00) PAR VALUE COMMON STOCK, WHICH SHALL
BE DESIGNATED "COMMON STOCK"**

ARTICLE V - INITIAL REGISTERED OFFICE AND AGENT

THE NAME AND ADDRESS OR THE INITIAL REGISTERED AGENT OF THIS CORPORATION IS:
NAME: CORY HARDIN

PRINCIPLE AND MAILING ADDRESS: 25000 187th AVENUE

CITY: HOMESTEAD FLORIDA ZIP 33031

ARTICLE VI- INITIAL BOARD OF DIRECTORS

THIS CORPORATION SHALL HAVE TWO (2)
DIRECTORS INITIALLY. THE NUMBER OF DIRECTORS MAY BE INCREASED OR
DIMINISHED FROM TIME TO TIME BY THE BY-LAWS, BUT SHALL NEVER BE LESS THAN ONE (1). THE NAMES
AND ADDRESS OF THE INITIAL DIRECTOR(s) OF THE
CORPORATION ARE AS FOLLOWS:

NAME: CORY HARDIN
PRINCIPLE AND MAILING ADDRESS: 25000 187th AVENUE

CITY: HOMESTEAD FLORIDA ZIP 33031

NAME: MELANIE HOUSH

PRINCIPLE AND MAILING ADDRESS: 25000 187th AVENUE

CITY: HOMESTEAD FLORIDA ZIP 33031

ARTICLE VII - INCORPORATORS

THE NAME AND ADDRESSES OF THE PERSON(s) SIGNING THESE ARTICLES OF
INCORPORATION ARE AS FOLLOWS:

NAME: CORY HARDIN
PRINCIPLE AND MAILING ADDRESS: 25000 SW 187th AVENUE

CITY: HOMESTEAD FLORIDA ZIP 33031

NAME: MELANIE HOUSH

PRINCIPLE AND MAILING ADDRESS: 25000 SW 187th AVENUE

CITY: HOMESTEAD FLORIDA ZIP 33031

IN WITNESS WHEREOF, THE UNDERSIGNED SUBSCRIBER (s) HAVE EXECUTED THESE
ARTICLES OF INCORPORATION THIS 8th DAY OF JANUARY 2004

Melanie L. Hardin (SIGN)
Cissy Hardin (SIGN)
____ (SIGN)

STATE OF FLORIDA

SS

COUNTY OF DADE

BEFORE ME, A NOTARY PUBLIC AUTHORIZED TO TAKE ACKNOWLEDGEMENTS IN THE
STATE AND COUNTY SET FORTH ABOVE PERSONALLY APPEARED

NAME:

KNOWN TO ME AND KNOWN TO BE THE PERSON (s) WHO EXECUTED THE FOREGOING
ARTICLES OF INCORPORATION, AND WHO ACKNOWLEDGE BEFORE ME THAT
(HE) & (SHE)
EXECUTED THESE ARTICLES OF INCORPORATION

IN WITNESS WHEREOF, I HAVE HEREUNTO AFFIXED MY HAND AND SEAL, IN THE
STATE AND COUNTY AFORESAID THIS 8th DAY OF January 2004

(NOTARY SEAL)

Linda L. Wilson



Linda L. Wilson
MY COMMISSION # CC987703 EXPIRES
December 17, 2004
BONDED THRU TROY FAIR INSURANCE, INC.

(NOTARY PUBLIC, STATE OF FLORIDA AT LARGE)

LINDA L. WILSON
MY COMMISSION # CC987703
MY COMMISSION EXPIRES: DECEMBER 17, 2004

CERTIFICATE AND ACKNOWLEDGEMENT OF REGISTERED AGENT

CERTIFICATE OF REGISTERED AGENT

OF DOUBLE H FOLIAGE ENTERPRISE, INC.
(Name of corporation)

**PURSUANT TO FLORIDA STATUTE SECTIONS 48.091 AND 607.304, THE FOLLOWING
SUBMITTED:**

**THE ABOVE CORPORTATION, DESIRING TO ORGANIZE UNDER THE LAWS OF THE
STATE OF FLORIDA WITH ITS REGISTERED OFFICE AS INDICATED IN THE ARTICLES OF INCORPORATION**

**AT: 25000 SW 187th AVENUE
HOMESTEAD, FL 33031**

HAS NAMED: CORY HARDIN

**LOCATED AT THE AFORESAID ADDRESS, AS ITS REGISTERED AGENT TO ACCEPT
SERVICE OF PROCESS WITHIN THIS STATE.**

ACKNOWLEDGEMENT

**HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED
CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY
ACCEPT TO ACT IN THIS CAPACITY, AND AGREE TO COMPLY WITH THE PROVISIONS
OF FLORIDA LAW IN KEEPING OPEN SAID OFFICE.
I HEREBY AM FAMILIAR WITH AND ACCEPT THE DUTIES AND RESPONSIBILITIES AS
A REGISTERED AGENT.**

2004 MAY -3 A 9:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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CORY HARDIN (Registered agent)