

P04000119748

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

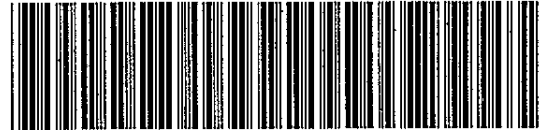
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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08/18/04--01025--015 **87.50

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DIVISION
07 AUG 19 PM 12:00

TRANSMITTAL LETTER

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

SUBJECT: HERON HOUSE OF STEINHATCHIE, 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

☐ \$78.75
Filing Fee
& Certified Copy

☐ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: FINLEY RICARD

Name (Printed or typed)

216 11TH ST SE

Address

STEINHATCHIE, FL

City, State & Zip

352-498-7499

Daytime Telephone number

04 AUG 18 PM 12:39
FILED
DIVISION OF CORPORATIONS
TALLAHASSEE, FL

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)

ARTICLE I NAME

The name of the corporation shall be:

HERON HOUSE OF STEINHATCHIE, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

1117 3RD AVENUE SE
STEINHATCHIE, FL 32359

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
BED, BREAKFAST, LODGING, TRAVEL, RECREATION

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INTIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

FINLEY O RICARD P.O. Box 887 Steinhatchee FL 32359

PATRICIA L RICARD

ANNIE A BAKER 15-RIVERSIDE DR SE Steinhatchee FL 32359

GUY DALTON SHELLHOUSE 216 11th ST SE Steinhatchee FL 32359

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

PATRICIA A ALBURY
248 N MARION AVENUE
LAKE CITY, FL 32055

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

FINLEY O RICARD P.O. Box 887 Steinhatchee FL 32359

04 AUG 18 PM 12:39
SEC. OF STATE
FIVE

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

Patricia A Albury
Signature/Registered Agent

8-6-04
Date

Finley O Ricard
Signature/Incorporator

8-6-04
Date