

PH000127020

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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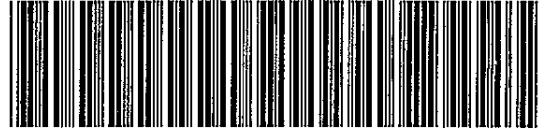
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE FLORIDA

9/3/04

TRANSMITTAL LETTER

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

FILED
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SECRETARY OF STATE
TALLAHASSEE FLORIDA

SUBJECT: RIDE-N-OUR ELEVATOR 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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☒ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: JIM RIDENOUR

Name (Printed or typed)

1029 SE 14 ST

Address

DEERFEILD BEACH FL 33441

City, State & Zip

954-650-8124

Daytime Telephone number

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:

RIDE-N-OUR ELEVATOR INC

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

1200 NE 48 ST POMPANO BEACH SUITE #4 FLORIDA 33064

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

SALES OF NEW ELEVATORS AND SERVICE

ARTICLE IV SHARES

The number of shares of stock is:

1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

JIM RIDENOUR 1029SE 14 ST DEERFIELD BEACH FL. 33441 PRESIDENT

ARTICLE VI REGISTERED AGENT

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

JIM RIDENOUR 1029 SE 14 STREET DEERFIELD BEACH FL 33441

ARTICLE VII INCORPORATOR

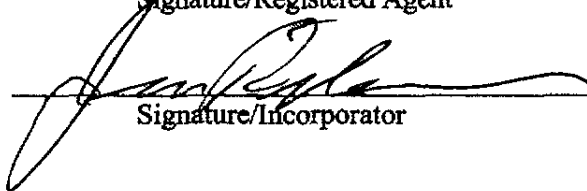
The name and address of the Incorporator is:

JIM RIDENOUR 1029 SE 14 ST. DEERFIELD BEACH FL. 33441

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

Signature/Registered Agent

Date



Signature/Incorporator



Date

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SECRETARY OF STATE
TALLAHASSEE FLORIDA