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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
		
Special Instructions to I	Filing Officer:	
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TRANSMITTAL LETTER

TO:	Registration Se Division of Cor			- -		
SUBJE	SUBJECT: H & D SERVICES, INC., LLC					
		(Name of Limited	Liability Company)			
The enc	closed Articles of	Organization and fee(s) are su	abmitted for filing.			
Please 1	eturn all correspe	ondence concerning this matter	r to the following:			
	HILE	ERT WILLIAM OSBORNE				
	-	4)	lame of Person)			
	H&I	O SERVICES, INC., LLC				
	114		Firm/Company)			
	5215	MILLSTREAM				
			(Address)			
	occ	EE, FL 34761				
		(City/	State and Zip Code)	······································		
For furt	ther information	concerning this matter, please	call:			
RALPI	-I ANDERSON		at (407) 831-14	07		
	(Name	of Person)	(Area Code & Daytime	Telephone Number)		
Enclos	ed is a check fo	r the following amount:				
J \$125	.00 Filing Fee	☐ \$130.00 Filing Fee & Certificate of Status		☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399			ADDRESS:			
		Registration Section Division of Corporations				
		P.O. Box 6327 Tallahassee, Florida 32314				



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

February 9, 2005

HILBERT WILLIAM OSBORNE 5215 MILLSTREAM OCOEE, FL 34761

SUBJECT: H & D SERVICES, INC. LLC

Ref. Number: W05000006870

We have received your document for H & D SERVICES, INC. LLC and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of the entity cannot include "INC.." This word/abbreviation is readily associated with or is commonly used to denote another type of entity. Please amend your document throughout accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6097.

Marsha Thomas Document Specialist

Letter Number: 605A00009242

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Ralph Anderson, Accountant

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

RE: W05000006870

To Whom It May Concern:

We are resubmitting the enclosed "Incorporation" papers. We are wanting to register as a Corporation, awaiting response from Internal Revenue Service with approval of "S" election and change the name from a LLC to "H & D Services, Inc." a for profit Florida corporation.

Thank you for your assistance in this correction.

Relpl & aleum

Sincerely,

Raiph E. Anderson Accountant

cc: Douglas Francisco

820 Lake Kathryn Circle * Casselberry, FL 32707 * Telephone: (407) 831-1407 * Fax: (407) 831-3537

· TRANSMITTAL LETTER

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

SUBJECT:	H & D Services, Inc.			
	(PROPOSED CORPORATE NAME – <u>MUST INCLUDE SUFFIX</u>)			
Enclosed are an orig	inal and one (1) copy of the art	icles of incorporation and	a check for:	
□ \$70.00	□ \$78.75	\$78.75	□ \$87.50	
Filing Fee	Filing Fee	Filing Fee	Filing Fee,	
J	& Certificate of Status	& Certified Copy		
		ADDITIONAL CO	Status PPY REQUIRED	
		· · · · · · · · · · · · · · · · · · ·		
FROM:	DOUGLAS FRANCIS	СО		
1 KOM	Name	lame (Printed or typed)		
	P. O. BOX 540452			
		Address		
	ORLANDO, FL 32854	0452		
		, State & Zip		
	407-716-6391			
•	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:

H & D SERVICES OF CENTRAL FLORIDA, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is: PHYSICAL: 4550 EDGEWATER DRIVE ORLANDO, FL 32804

MAILING: P. O. BOX 540452

ORLANDO, FL 32854-0452

ARTICLE III **PURPOSE**

The purpose for which the corporation is organized is:

VALET PARKING SERVICE

ARTICLE IV SHARES

The number of shares of stock is:

1,000 SHARES OF STOCK

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s): **DOUGLAS FRANCISCO** P O BOX 540452 ORLANDO, FL 32854-0452

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: **RALPH ANDERSON** 820 LAKE KATHRYN CIRCLE CASSELBERRY, FL 32707

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is: DOUGLAS FRANCISCO P O BOX 540452 ORLANDO, FL 32854-0452

Signature/Incorporator

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

February 22, 2005 Date February 22, 2005

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Date