

05006146828

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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Certificates of Status \_\_\_\_\_

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## COVER LETTER

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

SUBJECT: J. O. D. H. 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

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
<b>ADDITIONAL COPY REQUIRED</b>	

FROM: RONALD J BALDUF

Name (Printed or typed)

2429 TIMBER VIEW DR

Address

NEW SMYRNA BEACH, FL 32168

City, State & Zip

386-586-6850

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:

J. O. D. H. INC

## **ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

2429 TIMBER VIEW DR  
NEW SMYRNA BEACH, FL. 32168

## **ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

RENTAL PROPERTY

## **ARTICLE IV SHARES**

The number of shares of stock is:

500

## **ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

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

RONALD J BALDUF P  
TERRI BALDUF VP

## **ARTICLE VI REGISTERED AGENT**

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

RONALD J BALDUF  
2429 TIMBER VIEW DR  
NEW SMYRNA BEACH, FL. 32168

## **ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

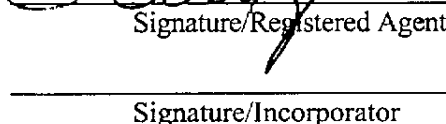
SAME RONALD J BALDUF  
2429 TIMBER VIEW DR  
NEW SMYRNA BEACH, FL. 32168

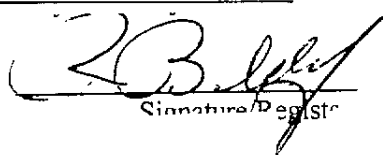
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Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

  
\_\_\_\_\_  
Signature/Registered Agent

10-31-05  
Date

  
\_\_\_\_\_  
Signature/Incorporator

  
\_\_\_\_\_  
Signature/Registered Agent

10-31-05  
Date

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TALLAHASSEE, FLORIDA