

PO9000040119

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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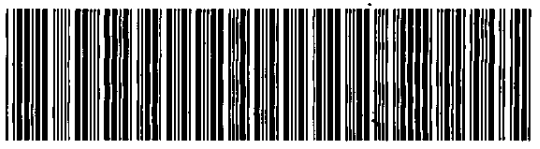
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
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# TRANSMITTAL LETTER

2 April 2009

Department of State  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

Re: **R & T LEHAN, INC.**

Enclosed is an original (and one (1) copy\*) of the articles of incorporation of the above referenced entity and an check for:

  X   \$70.00 Filing Fee

       \$122.50 Filing Fee & Cert. Copy\*

       \$78.75 Filing Fee & Certificate

       \$131.25 Filing Fee, Cert. Copy & Certificate\*

*\*Additional Copy of Articles Required*

Thank you in advance for your cooperation in this matter. Please address all correspondence and questions to:

RONALD J. LEHAN  
5332 MIRA VISTA DRIVE  
PALM HARBOR, FL 34685  
Tele. 813-352-6732

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# ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida business Corporation Act, hereby adopts the following Articles of Incorporation.

## ARTICLE I: NAME

The name of the corporation shall be:

R & T LEHAN, INC.

## ARTICLE II: PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

5332 MIRA VISTA DRIVE PALM HARBOR, FL 34685

## ARTICLE III: SHARES

The number of shares of stock authorized to be outstanding at one time is:

1,000

## ARTICLE IV: INITIAL REGISTERED AGENT AND STREET ADDRESS

RONALD J. LEHAN 5332 MIRA VISTA DRIVE PALM HARBOR, FL 34685

## ARTICLE V: INCORPORATOR

RONALD J. LEHAN 5332 MIRA VISTA DRIVE PALM HARBOR, FL 34685

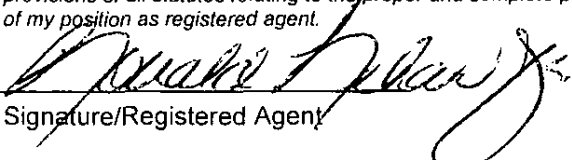
## ARTICLE VI: EFFECTIVE DATE

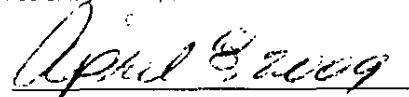
The effective date of these filings shall be: UPON RECEIPT

  
Signature/Incorporator

  
Date

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

  
Signature/Registered Agent

  
Date

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