

P09000058083

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

W09-22347



600155742176

05/11/09--01016--028 **78.75

FILED

2009 JUL - 7 PM 4: 43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

8 2009

COVER LETTER

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

SUBJECT: REFLECTION RESTORATIONS OF FLORIDA 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: JASON ROCKHILL
Name (Printed or typed)

5620 HASTINGS ST
Address

COCOA, FL 32927
City, State & Zip

321-794-3992
Daytime Telephone number

jasonrockhill@gmail.com
E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 12, 2009

JASON ROCKHILL
5620 HASTINGS ST
COCOA, FL 32927

SUBJECT: REFLECTION RESTORATIONS OF FLORIDA INC
Ref. Number: W09000022347

We have received your document for REFLECTION RESTORATIONS OF FLORIDA INC and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

Please return the corrected original and one copy of 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) 245-6928.

Tim Burch
Regulatory Specialist II
New Filing Section

Letter Number: 309A00016097

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: DENT FORCE II INC

ARTICLE II PRINCIPAL OFFICE

The principal street address and mailing address, if different is:

5620 HASTINGS ST
COCOA, FL 32927

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ANY AND ALL LAWFUL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

JASON ROCKHILL - 5620 HASTINGS ST, COCOA, FL 32927 - PRESIDENT
RHONDA ROCKHILL - 5620 HASTINGS ST, COCOA, FL 32927 - VICE PRESIDENT

ARTICLE VI REGISTERED AGENT

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

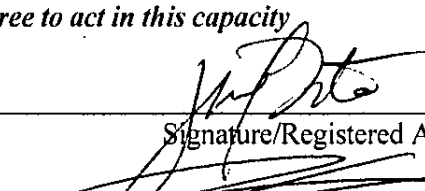
MIGUEL MATA, CPA
1900 S HARBOR CITY BL
MELBOURNE, FL 32901

ARTICLE VII INCORPORATOR

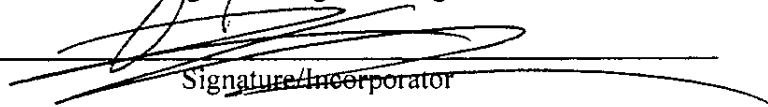
The name and address of the Incorporator is:

JASON ROCKHILL, 5620 HASTINGS ST, COCOA, FL 32927

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



Signature/Incorporator

6/30/09
Date

06/30/2009
Date

FILED
2009 JUL -7 PM 4:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA