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| (Requestor's Name)                      |                   |                 |  |  |
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| (Cit                                    | y/State/Zip/Phon  | <del>e</del> #) |  |  |
| PICK-UP                                 | ☐ WAIT            | MAIL            |  |  |
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| Certified Copies                        | Certificates      | s of Status     |  |  |
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| Consideration to                        | Eille - Office    |                 |  |  |
| Special Instructions to Filing Officer: |                   |                 |  |  |
| <u>.</u>                                |                   |                 |  |  |
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Office Use Only



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SECRETARY OF STATE BIVISION OF CICEPORATION

V,0,47790

Aco solution

State of Florida Secretary of State Division of Corporations

Dear Becky:

Please be advised by this correspondence that we have elected to dissolve our LLC Company known as R & S Hall, LLC.

We further inform you that we no longer wish to utilize the "LLC", as our method of conducting R & S Hall Business, rather we are in the process of forming R & S Hall, Inc..

Lawy A. Lackey, J.D., PH.D. For the Firm

## **COVER LETTER**

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

| SUBJECT: R & S Hall, Inc.  |                                     |   |  |  |
|--|-------------------------------------|---|--|--|
| (PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)                    |                                     |   |  |  |
| Enclosed are an original and one (1) copy of the artic             | cles of incorporation an            | d a check for:  |  |  |
| \$70.00 \$78.75 Filing Fee & Certificate of Status                 | \$78.75 Filing Fee & Certified Copy | \$87.50 Filing Fee, Certified Copy & Certificate of Status OPY REQUIRED |  |  |
|  | ADDITIONAL                          | OI I REQUIRED   |  |  |
| FROM: Susan A. Hall Name   | (Printed or typed)                  |   |  |  |
| 15 Paradise Plaza # 298  |                                     |   |  |  |
| Address  |                                     |   |  |  |
| Sarasota, FL 34239 City, State & Zip                               |                                     |   |  |  |
| 941-232-1234  Daytime Te   | elephone number                     |   |  |  |
| E-mail address: (to be used for future annual report notification) |                                     |   |  |  |

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



October 12, 2010

SUSAN A HALL 15 PARADISE PLAZA #298 SARASOTA, FL 34239

SUBJECT: R & S HALL, INC. Ref. Number: W10000047790

We have received your document for R & S HALL, INC. and your check(s) totaling \$70.00. 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) 245-6929.

Justin M Shivers Regulatory Specialist II New Filing Section

Letter Number: 010A00024108

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

|                       |  | and or omptor object. S. (110  | , , , , , , , , , , , , , , , , , , ,  |
|-----------------------|--|--------------------------------|--|
|                       | NAME R&S Hall, Inc.                              |                                |  |
| The name of the cor   | rporation shall be:                              |                                |  |
| ARTICLE II            | PRINCIPAL OFFICE                                 |                                |  |
|                       | Principal street address                         | Mailing                        | address, if different is:              |
|                       | 5 Paradise Plaza # 298                           |                                | ·                                      |
| <u>s</u>              | arasota, FL 34239                                |                                |  |
| -                     |  | <del></del>                    |  |
| ARTICLE III           | PURPOSE  |                                |  |
|                       | nich the corporation is organized is:            |                                |  |
|                       | wful business                                    |                                |  |
| •                     |  |                                |  |
|                       |  |                                |  |
|                       |  |                                |  |
|                       |  |                                |  |
| ARTICLE IV            | SHARES   |                                |  |
| The number of share   |  |                                |  |
|                       |  |                                |  |
| ARTICLE V             | INITIAL OFFICERS AND/OR DIRECTO                  | ORS                            |  |
| Name and 11           | ile:Susan A, Hall - President                    | Name and Title:                |  |
| Address:              | 15 Paradise Plaza #298                           |                                |  |
|                       | Sarasota, Fl 34239                               |                                |  |
|                       |  |                                |  |
| Name and Tit          | le:Robert L. Hall - Vice President               | Name and Title:                |  |
| Address:              | 15 Paradise Plaza # 298                          | Address:                       |  |
|                       | Sarasota, FL 34239                               |                                |  |
|                       |  | <del></del>                    |  |
| Mome and Tit          | la.  | Mama and Title                 | 9<br><b>≤</b> \$                       |
| Address:              | le:  | Address:                       | <u> </u>                               |
| radics.               |  | Address                        | 9 22                                   |
|                       |  |                                | 2                                      |
|                       |  |                                | <b>~</b> ₹₹₩                           |
|                       | REGISTERED AGENT                                 |                                |  |
|                       | ida street address (P.O. Box NOT acceptable)     | of the registered agent is:    | <b>2</b> 5590                          |
| Name:                 | Susan A. Hall                                    |                                |  |
| Address:              | 15 Paradise Plaza # 298                          | <del></del>                    | # <b>3</b> \$                          |
|                       | Sarasota, FL 34239                               | <u> </u>                       | STATE<br>L: 02                         |
| ARTICLE VII           | INCORPORATOR                                     |                                | ************************************** |
|                       | ress of the Incorporator is:                     |                                | <b>⊘</b> s                             |
| Name:                 | Susan A. Hall                                    |                                |  |
| Address:              | 15 Paradise Plaza #298                           |                                |  |
|                       | Sarasota, FL 34239                               |                                |  |
| 77                    |  |                                |  |
| Having been named     | d as registered agent to accept service of proc  | ess for the above stated corp  | poration at the place designated in    |
| inis cerujicule, i um | familiar with and accept the appointment as i    | egisteren agent ana agree to t | act in this capacity                   |
| lus I                 | 1/2//  |                                | 10 5 2010                              |
| Suc A.                | Required Signature/Registered Agent              |                                | <u>10-5-2010</u>                       |
|                       | Required Signature/Registered Agent              |                                | Date                                   |
| I submit this docun   | nent and affirm that the facts stated herein a   | re true. I am aware that the   | false information submitted in a       |
| document to the Dep   | partment of State constitutes a third degree fel | ony as provided for in s.817.1 | 55, F.S.                               |
| 1 1                   | 1/0//  | -                              |  |
| Seen A.               | ffar(  |                                | 10-5-2010                              |
|                       | Required Signature/Incorporator                  |                                | Date                                   |