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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. Shivers AUG 26 2011

COVER LETTER

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

SUBJECT: Rockhaven Management 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 Filing Fee
☐ \$78.75 Filing Fee & Certificate of Status

☐ \$78.75 Filing Fee & Certified Copy
☐ \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED

FROM: Thomas J DeMarco

Name (Printed or typed)

7363 Monteverde Way

Address

Naples, Florida 34119-9789

City, State & Zip

239-777-0535

Daytime Telephone number

TJDBON @ JUND.COM

E-mail address: (to be used for future annual report notification)

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

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TALLAHASSEE, FL 32314
SECRETARY OF STATE

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: **Rockhaven Management Florida Inc**

ARTICLE II PRINCIPAL OFFICE

Principal street address
7363 Monteverde Way
Naples, FL 34119

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To provide office and management and consulting services to businesses, individuals and other entities. To buy, sell, rent, lease and deal in property both real and personal necessary to provide services to customers and clients.

ARTICLE IV SHARES

The number of shares of stock is: **100**.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: **Thomas J DeMarco-President**
Address: **7363 Monteverde Way**
Naples, FL 34119

Name and Title: **Bonna DeMarco-Secretary-Treasurer**
Address: **7363 Monteverde Way**
Naples, FL 34119

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: **Thomas J DeMarco**
Address: **7363 Monteverde Way**
Naples, FL 34119-9789

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: **Thomas J DeMarco**
Address: **7363 Monteverde Way**
Naples, FL 34119-9789

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



Required Signature/Registered Agent

8/21/11

Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.



Required Signature/Incorporator

8/21/11

Date

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