

P/2000054877

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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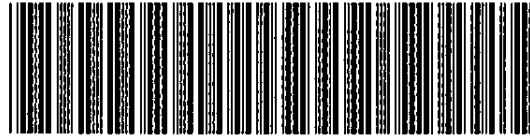
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. 06/19/12

COVER LETTER

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

SUBJECT: ROPE BEND HERITAGE 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: PAULA F. MCQUEEN

Name (Printed or typed)

P O BOX 511249

Address

PUNTA GORDA, FL 33951-1249

City, State & Zip

239-872-0292

Daytime Telephone number

PM23064@AOL.COM

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

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 ROPE BEND HERITAGE, INC.
The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

Principal street address
25537 SHORE DRIVE
PUNTA GORDA, FL 33950

Mailing address, if different is:
P O BOX 511249
PUNTA GORDA, FL 33951-1249

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

TO ENGAGE IN ANY ACTIVITIES OR BUSINESS PERMITTED UNDER THE LAWS OF THE UNITED STATES AND THE STATE OF FLORIDA.

ARTICLE IV SHARES

The number of shares of stock is: ONE THOUSAND (1,000)

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: PAULA F. MCQUEEN, PRES/DIR
Address: 26034 SHORE DRIVE
PUNTA GORDA, FL 33950

Name and Title: _____
Address: _____

Name and Title: JAMES D. HULL, V PRES/DIR
Address: 5300 LEE BLVD.
LEHIGH ACRES, FL 33971

Name and Title: _____
Address: _____

Name and Title: ROBERT N. MCQUEEN, SEC/TREAS/DIR
Address: 26034 SHORE DRIVE
PUNTA GORDA, FL 33950

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: PAULA F. MCQUEEN
Address: 1107 W. MARION AVE, STE 115
PUNTA GORDA, FL 33950

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: PAULA F MCQUEEN
Address: 1107 W. MARION AVE, STE 115
PUNTA GORDA, FL 33950

12 JUN 15 AM 9:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Paula F McQueen
Required Signature/Registered Agent

6/13/12
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.

Paula F McQueen
Required Signature/Incorporator

6/13/12
Date