

P13000032272

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

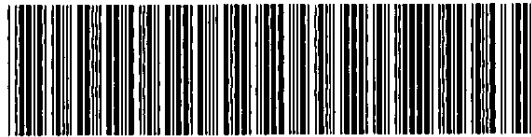
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800245413878

04/10/13--01001--007 **78.75

RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATION
2013 APR -9 PM 3:02
NOTED
TO AGENCY
SUFFICIENCY OF FILING

FILED
13 APR -9 PM 3:03
SECRETARY OF STATE
TALLAHASSEE FLORIDA

J. Shivers APR 10 2013

COVER LETTER

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

SUBJECT: RH ENTERPRISES OF NORTH 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: LEE HAMPTON
Name (Printed or typed)

8185 WENONGA COURT
Address

TALLAHASSEE, FL 32311
City, State & Zip

(850) 228-9818
Daytime Telephone number

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

13 APR -9 PM 3:04

FILED

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

The name of the corporation shall be: RH ENTERPRISES OF NORTH FLORIDA, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

8185 WENONGA CT

TALLAHASSEE, FL 32311

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

Name and Title: LEE HAMPTON (PRES) Name and Title: _____

Address 8185 WENONGA CT Address: _____

TALLAHASSEE, FL 32311

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

FILED
13 APR -9 PM 3:04
SECRETARY OF STATE
TALLAHASSEE FLORIDA

(conti.)

Name and Title: _____ Name and Title: _____
Address _____ Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: LEE HAMPTON
Address: 8185 WENONGA CT
TALLAHASSEE, FL 32311

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: LEE HAMPTON
Address: 8185 WENONGA CT
TALLAHASSEE, FL 32311

FILED
13 APR -9 PM 3:04
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



Required Signature/Registered Agent

4-9-13

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

4-9-13

Date