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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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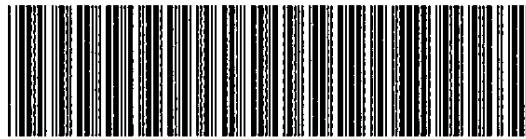
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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RECEIVED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

PS 9/3/13

COVER LETTER

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

SUBJECT: **RON'S HOMECARE MOVERS 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: **RONALD CAMPBELL**
Name (Printed or typed)
4086 LAKESIDE DRIVE
Address
TAMARAC FL 33319
City, State & Zip
(954) 513-7281
Daytime Telephone number
CAMPBELLPAUL13@YAHOO.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)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

ARTICLE I NAME

The name of the corporation shall be: RONSON HOME CARE MOVERS INC

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ARTICLE II PRINCIPAL OFFICE

Principal street address

5080 N. STATE ROAD 7

FT LAUDERDALE, FL 33319

Mailing address, if different is:

4086 LAKESIDE DRIVE

TAMARAC, FL 33319

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: TO CONDUCT ALL LEGAL BUSINESS IN THE STATE

ARTICLE IV SHARES

The number of shares of stock is: ONE HUNDRED

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

RONALD CAMPBELL - PRESIDENT, SECRETARY & TREASURER

Name and Title:

Name and Title:

Address

4086 LAKESIDE DRIVE

Address:

TAMARAC, FL 33319

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

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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: RONALD CAMPBELL
Address: 4086 LAKESIDE DRIVE
TAMARAC, FL 33319

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: RONALD CAMPBELL
Address: 4086 LAKESIDE DRIVE
TAMARAC, FL 33319

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

Ronald Campbell
Required Signature/Registered Agent

8/23/13
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.

Ronald Campbell
Required Signature/Incorporator

8/23/13
Date