

P/B 00079193

(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



400249817854

09/23/13--01051--013 \*\*78.75

13 SEP 23 PM 1:49  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

*Handwritten signature and initials*

**COVER LETTER**

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

**SUBJECT: JRH Services, 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: John R. Hopwood, Jr.**

Name (Printed or typed)

**3201 Calusa Street**

Address

**Coconut grove, FL 33133**

City, State & Zip

**786-402-3821**

Daytime Telephone number

**jrhservices@gmail.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)

SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
13 SEP 23 PM 1:48

**ARTICLE I NAME**

The name of the corporation shall be: JRH SERVICES, INC.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

3201 Calusa Street  
Coconut Grove, FL 33133  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: to seek out investment opportunities.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE IV SHARES**

The number of shares of stock is: 2

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: John R. Hopwood, Jr., President

Name and Title: \_\_\_\_\_

Address 3201 Calusa Street  
Coconut Grove, FL 33133  
\_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Name and Title: Nancy Hopwood, V. P.,

Name and Title: \_\_\_\_\_

Address 3201 Calusa street  
Coconut Grove, FL 33133  
\_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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: Nancy Hopwood

Address: 3201 Calusa Street  
Coconut Grove, FL 33133


**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

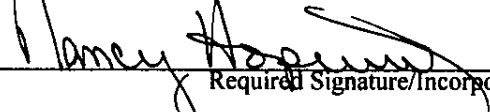
Name: Nancy Hopwood

Address: 3201 Calusa Street  
Coconut Grove, FL 33133

*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*

 9/18/2013  
 Required Signature/Registered Agent 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.*

 9-18-2013  
 Required Signature/Incorporator Date