

PH000019069

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

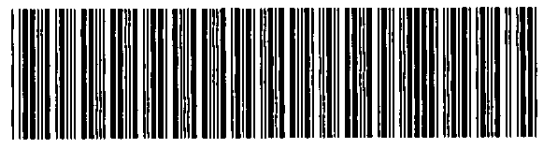
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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03/03/14--01002--008 **87.50

14 MAR -3 AM 10:00
RECEIVED
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

14 MAR -3 AM 9:49
RECEIVED
DEPARTMENT OF STATE

CMD 3/3

COVER LETTER

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

SUBJECT: Reed Hart Enterprise Co.
(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: Sharon K. Reed
Name (Printed or typed)

50 Bob Miller Road
Address

Crawfordville, FL 32327
City, State & Zip

850 508 7921
Daytime Telephone number

S.Kreed@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)

ARTICLE I NAME

The name of the corporation shall be: Reed Hart Enterprise Co.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is

50 Bob Miller Road
Crawfordville, FL 32327

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Any and all lawful
businesses.

ARTICLE IV SHARES

The number of shares of stock is: 1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Sharon K. Reed, CEO Name and Title: _____

Address: 50 Bob Miller Road Address: _____
Crawfordville, FL 32327

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

14 MAR -3 AM 10:00

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(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: Sharon K. Reed
Address: 50 Bob Miller Road
Crawfordville, FL 32327

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:


Name: Sharon K. Reed
Address: 50 Bob Miller Road
Crawfordville, FL 32327

STATE
OF
FLORIDA
DEPARTMENT
OF
REVENUE


14 MAR -3 AM 10:00

APPROVED
AND
FILED

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

 3.3.14
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.

 3.3.14
Required Signature/Incorporator Date