

P14000054345

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

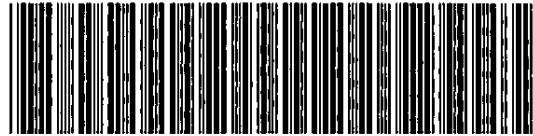
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300261384433

06/19/14--01008--017 **78.75

FILED
14 JUN 19 AM 8:46
SECRETARY OF STATE
TALLAHASSEE FLORIDA

COVER LETTER

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

SUBJECT: **Ravenwood Financial Services Corp**
(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: **Jack Haigh**

Name (Printed or typed)

10117 Jacaranda ave

Address

Clermont, FL 34711

City, State & Zip

407-810-4308

Daytime Telephone number

jackz001@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: Ravenwood Financial Services Corp

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

10117 Jacaranda ave

Clermont, FL 34711

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: M&A Advisory

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Jack Haigh (President)

Name and Title: _____

Address 10117 Jacaranda ave
Clermont, FL 34711

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

FILED
14 JUN 19 AM 8:46
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: Jack Haigh
Address: 10117 Jacaranda ave
Clermont, FL 34711

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Jack Haigh
Address: 10117 Jacaranda ave
Clermont, FL 34711

14 JUN 19 AM 8:45
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

06-17-14

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

06-17-14

Date