P15000049904

(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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APPROVED AND FILED
15 JUN -5 PM 4:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1/4

COVER LETTER

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

SUBJECT: H2Outings,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: Sarah Elaine Huss
Name (Printed or typed)

211 13th Street, POBox 156
Address

Steinhatchee, FL 32359
City, State & Zip

904-923-6731
Daytime Telephone number

capt10e@yahoo.com
E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

APPROVED AND FILED

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be: H2Outings,Inc.

ARTICLE II PRINCIPAL OFFICE

Principal **street** address	Mailing address if different
211 13th Street	PO Box 156
Steinhatchee, FL 32359	Steinhatchee, FL 32359

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Wholesale and retail sales of appearal

ARTICLE IV SHARES

The number of shares of stock is: 1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	Sarah Elaine Huss, President and Sec.	Name and Title:	James D. Henley, Vice President
Address	211 13th Street	Address:	514 Kings Creek Circle
	PO Box 156		PO Box 565
	Steinhatchee, FL 32359		Steinhatchee, FL 32359
Name and Title:		Name and Title:	
Address		Address:	
Name and Title:		Name and Title:	
Address		Address:	

APPROVED
AND
FILED

15 JUN -5 PM 4:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Name and Title: _____

Address _____

Name and Title: _____

Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: Sarah Elaine Huss

Address: 211 13th Street

Steinhatchee, FL 32359

ARTICLE VII INCORPORATOR

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

Name: Saraah Elaine Huss

Address: PO Box 156

Steinhatchee, FL 32359

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: June 1, 2015 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

Sarah Elaine Huss — 6-1-15

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.

Sarah Elaine Huss — 6-1-15

Required Signature/Incorporator — Date