

PIS000059722

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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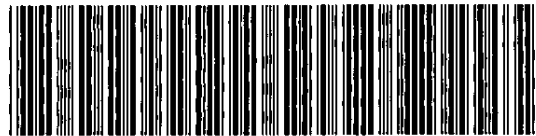
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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07/20/15--01002--001 **78.75

RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATE
15 JUL 20 AM 8:38
TO ACKNOWLEDGE
SUFFICIENCY OF FILING

FILED
15 JUL 20 AM 8:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

WAP 7/20/15

COVER LETTER

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

SUBJECT: RAHE 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: DHARMENDRA^{SNH} R. THAKOR
Name (Printed or typed)

231 SE LAND AVE
Address

MAYO FL 32066
City, State & Zip

352 316 1090
Daytime Telephone number

dharmendra-thkr@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: RAHE II INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

133 MAIN STREET
MAYO, FL 32066

Mailing address, if different is:

PO BOX 478
MAYO FL 32066

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: It's a convince store
with the gas station.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: DHARMENDRASEN THAKOR

Name and Title: President

Address 231 SE LAND AVE

Address: _____

MAYO FL 32066

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

SECRET
TALLAHASSEE
FLORIDA

15 JUL 20 AM 8:57

FILED

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: DHARMENDRASINH R. THAKOR
Address: 231 SE LAND AVE
MAYO, FL 32066

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: DHARMENDRASINH R THAKOR
Address: 231 SE LAND AVE
MAYO, FL 32066

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ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (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

Dharmendrasinh Thakor
Required Signature/Registered Agent

07/20/2015
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.

Dharmendrasinh Thakor
Required Signature/Incorporator

07/20/2015
Date