

P15000080490

(Requestor's Name)

(Address)

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☐ PICK-UP

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2015 SEP 30 AM 8:48  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

SEP 30 2015

## COVER LETTER

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

SUBJECT: Reed Hart Enterprise and Glass 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: Daniel Hart  
Name (Printed or typed)

50 Bob Miller Rd  
Address

Crawfordville FL 32327  
City, State & Zip

850 408 1268  
Daytime Telephone number

Den Hart & London @ Gmail.com  
E-mail address: (to be used for future annual report notification)

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

Sept. 30, 2015

I have no intention of reinstating  
Reed Hart Enterprise & Glass Co.

P14000019069. I release the name.

David K. Reed

**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 and Glass Co

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

~~2923 Shadenville Hwy~~  
2923 Shadenville Hwy  
Crawfordsville Fl 32327

50 Bob Miller Rd  
Crawfordsville Fl 32327

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Any and All Legal Businesses

**ARTICLE IV SHARES**

The number of shares of stock is: 100

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

Name and Title: Deniel J Hart / CEO Name and Title: \_\_\_\_\_

Address 50 Bob Miller Rd Address: \_\_\_\_\_  
Crawfordsville Fl 32327

Name and Title: Sharon Reed VP Name and Title: \_\_\_\_\_

Address 50 Bob Miller Rd Address: \_\_\_\_\_  
Crawfordsville Fl 32327

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

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

(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: Daniel Hart  
Address: 50 Bob Miller Rd  
Crawfordville FL 32327

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Daniel Hart  
Address: 50 Bob Miller Rd  
Crawfordville FL 32327

*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*

Daniel Hart  
Required Signature/Registered Agent

9-30-15  
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.*

Daniel Hart  
Required Signature/Incorporator

9-30-15  
Date