

PL5000093331

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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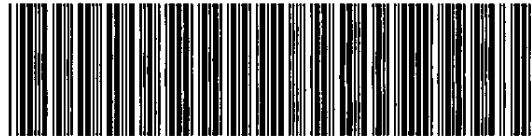
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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COVER LETTER

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

SUBJECT: ENDO, 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: JON L. RAUCH
Name (Printed or typed)

6070 Dogwood Way
Address

Naples FL 34116
City, State & Zip

239-304-4500
Daytime Telephone number

JONRAUCH @ EARTHLINK.NET
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: ENDO, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

6070 Dogwood Way

NAPLES, FL 34116

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: FOR PROFIT.

ARTICLE IV SHARES

The number of shares of stock is: 25

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: PRES. JON L. RAUCH Name and Title: _____

Address 6070 Dogwood Way Address: _____

NAPLES, FL 34116 _____

Name and Title: TREA. CYNDI RAUCH Name and Title: _____

Address 6070 Dogwood Way Address: _____

NAPLES, FL 34116 _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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: JON L. RAUCH

Address: 6070 DOGWOOD WAY

NAPLES, FL. 34116

ARTICLE VII INCORPORATOR

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

Name: JON L. RAUCH

Address: 6070 DOGWOOD WAY

NAPLES FL. 34116

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

Jon L. Rauch

Required Signature/Registered Agent

11-7-15

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.

Jon L. Rauch

Required Signature/Incorporator

11-7-15

Date

15 NOV -9 PM 12:14
CLERK OF THE COURT
TALLAHASSEE, FLORIDA