

P13000098624

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

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

**SUBJECT:** DJH, 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: Dennis Jay Hendrickson Jr  
\_\_\_\_\_  
Name (Printed or typed)

8022 Timber Lake Ln  
\_\_\_\_\_  
Address

Sarasota, FL 34243  
\_\_\_\_\_  
City, State & Zip

941-400-0024  
\_\_\_\_\_  
Daytime Telephone number

dennis.hendrickson@gmail.com  
\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 30, 2015

DENNIS JAY HENDRICKSON JR  
8022 TIMBER LAKE LN  
SARASOTA, FL 34243

SUBJECT: DJH, INC.  
Ref. Number: W15000077221

RECEIVED  
15 DEC 10 AM 10:55  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

We have received your document for DJH, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Jessica A Fason  
Regulatory Specialist II

Letter Number: 215A00025021

**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: Dennis J Hendrickson, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

8022 Timber Lake Ln

Sarasota, FL 34243

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Insurance Company

**ARTICLE IV SHARES**

The number of shares of stock is: 1

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

Name and Title: Dennis Jay Hendrickson, Jr. President

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

Address 8022 Timber Lake Ln

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

Sarasota, FL 34243

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

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

Address \_\_\_\_\_

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

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

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

Address \_\_\_\_\_

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

FILED  
15 DEC -7 AM 7:02  
SECRETARY OF STATE  
TALLAHASSEE, FL 32304

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: Dennis Jay Hendrickson, Jr.  
Address: 8022 Timber Lake Ln  
Sarasota, FL 34243

**ARTICLE VII INCORPORATOR**

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

Name: Dennis Jay Hendrickson, Jr.  
Address: 8022 Timmber Lake Ln  
Sarasota, FL 34243

**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*

\_\_\_\_\_  
Required Signature/Registered Agent

11-15-2015  
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.*

\_\_\_\_\_  
Required Signature/Incorporator

11-15-2015  
Date