

PI6000005158

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

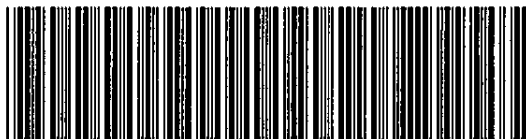
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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12/14/15--01052--020 **70.00

RECEIVED
16 JAN 20 AM 9:32
CLERK OF STATE
TALLAHASSEE, FLORIDA

W15-82150

WMD 1/20

COVER LETTER

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

SUBJECT: DIRECT SOLUTIONS INCORPORATED
(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: OLIVER HARRIS

Name (Printed or typed)

3930 SAN JOSE PARK DRIVE

Address

JACKSONVILLE FLORIDA 32217

City, State & Zip

(904) 930-0539

Daytime Telephone number

OHARRISJR81@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

December 23, 2015

OLIVER HARRIS
3930 SAN JOSE PARK DRIVE
JACKSONVILLE, FL 32217

SUBJECT: DIRECT SOLUTIONS INCORPORATED
Ref. Number: W15000082150

We have received your document for DIRECT SOLUTIONS INCORPORATED 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.

If your business entity does not intend to transact business until January 1st of the upcoming calendar year, you may wish to revise your document to include an effective date of January 1st. If you do not list an effective date of January 1st, your business entity will become effective this calendar year and it will be required to file an annual report and pay the required annual report fee for the upcoming calendar year this coming January, which is merely weeks away. By listing an effective date of January 1st, the entity's existence will not begin until January 1st of the upcoming year and will, therefore, postpone the entity's requirement to file an annual report and pay the required annual report filing fee until the following calendar year.

Please return the corrected original and one copy of 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.

Maryanne Dickey
Regulatory Specialist II
New Filing Section

Letter Number: 315A00026897

December 28, 2015

Oliver Harris
3930 San Jose Park Drive
Jacksonville, Florida 32217

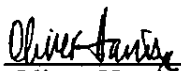
Department of State
New Filing Section
Division of Corporations
PO BOX 6327
Tallahassee, Florida 32314

RECEIVED
DEC 31 16 11 PM 3:40

RE: Rejected filing of Document Number: W15000082150

I originally filed Articles of Incorporation with the name, "DIRECT SOLUTIONS INCORPORATED", and the filing was rejected by your office. As such, I enclosed new Articles of Incorporation with the name, ORH MANAGEMENT, INC. There are the original Articles and one copy, as requested. Please process as quickly as possible and feel free to contact me with any additional questions.

Best regards,



Oliver Harris

President



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 13, 2016

OLIVER HARRIS
3930 SAN JOSE PARK DRIVE
JACKSONVILLE, FL 32217

SUBJECT: ORH MANAGEMENT, INC
Ref. Number: W15000082150

We have received your document for ORH MANAGEMENT, 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 the corrected original and one copy of 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.

Maryanne Dickey
Regulatory Specialist II
New Filing Section

Letter Number: 315A00026897

January 20, 2016

Allison Ray, PhD.
Tax Accountant
1322 Durrett Lane
Louisville Kentucky 40213

Department of State
New Filing Section
Division of Corporations
PO BOX 6327
Tallahassee Florida 32314

RE: ORH MANAGEMENT INC
Ref. Number W15000082150

To whom it may concern,

Enclosed is the filing for Oliver Harris, President. The original Articles were not allowed due to a name conflict. Enclosed in the updated filing with the name, "**DIRECT MANAGEMENT SOLUTIONS INC.**", that will not conflict with any other businesses in Florida. Your department is in possession of the \$70.00 check that accompanied the original filing. Please, feel free to contact me should you have any further questions or require additional information.

Best regards,



Allison M. Ray

COVER LETTER

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

SUBJECT: DIRECT MANAGEMENT SOLUTIONS 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

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: OLIVER HARRIS

Name (Printed or typed)

3930 SAN JOSE PARK DRIVE

Address

JACKSONVILLE FLORIDA 32217

City, State & Zip

904-930-0539

Daytime Telephone number

OHARRISJR81@GMAIL.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: DIRECT SOLUTIONS MANAGEMENT INC

ARTICLE II PRINCIPAL OFFICE

Principal street address
3930 SAN JOSE PARK DRIVE
JACKSONVILLE FLORIDA 32217

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is: 500

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: OLIVER HARRIS. PRESIDENT

Name and Title: _____

Address 3930 SAN JOSE PARK DRIVE

Address: _____

JACKSONVILLE FLORIDA 32217

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

16 JAN 20 AM 9:32
STATE OF FLORIDA
JACKSONVILLE

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: OLIVER HARRIS _____

Address: 3930 SAN JOSE PARK DRIVE _____

JACKSONVILLE FLORIDA 32217 _____

ARTICLE VII INCORPORATOR

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

Name: OLIVER HARRIS _____

Address: 3930 SAN JOSE PARK DRIVE _____

JACKSONVILLE FLORIDA 32217 _____

16 JAN 20 AM 9:32
DEPT OF STATE
TALLAHASSEE FLORIDA

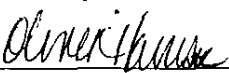
ARTICLE VIII EFFECTIVE DATE:

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

1/20/2016

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

1/20/2016

Date