P16000008746

(Requestor's Name)			
(Ac	ddress)		
(Ac	ddress)		
(Ci	ity/State/Zip/Phone	2 #N	
(3)	ky/Otato/Zip/i Horic	<i>,</i>	
PICK-UP	WAIT	MAIL	
(Bu	usiness Entity Nan	ne)	
`	,	•	
(D)	ocument Number)		
(Di	ocument Number)		
Certified Copies	_ Certificates	of Status	
Special Instructions to	Filing Officer:	,	
	3		
		1	

Office Use Only



900281060619

16 JAN 20 PH 4: 02

SECRETARY OF STATE DIVISION OF CORPORATIONS

01/20/16--01019--030 **78.75

'JAN 2 0 2016

S. PRATHER

COVER LETTER

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

SUBJECT: IHO	Services, Inc.			
SUBJECT:	(PROPOS	ED CORPORAT	E NAME – <u>MUST INCL</u> I	UDE SUFFIX)
Enclosed are an	original and one (1)	copy of the artic	les of incorporation and	i a check for:
\$70.00 Filing Fee	90 ■ \$78.75 ee Filing Fee & Certificate	of Status	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of Status
		ADDITIONAL COPY RE		PY REQUIRED
FROM:	Raymond Michael Hen		Printed or typed)	
	400 Emerald Drive Sou		, , ,	
		A	ldress	
	Indian Harbour Beach,	Florida 32937		
		City, S	tate & Zip	
	561-723-1230			
		Daytime Te	ephone number	
	ihchotel@yahoo.com			
	F-mail add	ress: (to be used	for future annual report a	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)

400 Emerald Drive S	Principal street address		Mailing address, if different is:		
Indian Harbour Beac					
Florida, 32937				5	DIVIS
ARTICLE III PUR. The purpose for which	POSE Hospitali the corporation is organized is:	ty Services		JAN 20	ON OF
				- 7	00.78 S
				f. 0	RATE AT DI
				~	OK.
.		*.	.	•	
Name and Ti	of stock is: AL OFFICERS AND/OR DIRECTORS Raymond Michael Hentschel, Presiden	Name an	•		
The number of shares	of stock is: AL OFFICERS AND/OR DIRECTORS Raymond Michael Hentschel, Presiden	it Name an	•		
The number of shares of the number of the number of the number of shares of the number o	AL OFFICERS ANDIOR DIRECTORS Raymond Michael Hentschel, Presiden le: 400 Emerald Drive South	Name an	•		
The number of shares of ARTICLE V INIT Name and Ti Address	AL OFFICERS ANDIOR DIRECTORS Raymond Michael Hentschel, Presidentle: 400 Emerald Drive South Indian Harbour Beach	Name an Address:	:	· · · · · · · · · · · · · · · · · · ·	
The number of shares of ARTICLE V INIT Name and Ti Address	AL OFFICERS ANDIOR DIRECTORS Raymond Michael Hentschel, Presiden le: 400 Emerald Drive South Indian Harbour Beach Florida, 32937	Name an Address: Name an	:	· · · · · · · · · · · · · · · · · · ·	
The number of shares of ARTICLE V INIT Name and Ti Address Name and Tit	AL OFFICERS ANDIOR DIRECTORS Raymond Michael Hentschel, Presidentle: 400 Emerald Drive South Indian Harbour Beach Florida, 32937	Name an Address: Name an	:		
The number of shares of ARTICLE V INIT Name and Ti Address Name and Tit Address	AL OFFICERS ANDIOR DIRECTORS Raymond Michael Hentschel, Presidentle: 400 Emerald Drive South Indian Harbour Beach Florida, 32937	Name an Address: Name an Address: Address:	:		

Name and T	itle:	Name and Title:	
Address		Address:	
			
ARTICLE VI RE	GISTERED AGENT		
	da street address (P.O. Box NOT acceptable	e) of the registered agent is:	
Name:	Raymond Michael Hentschel	<u> </u>	
Address:	400 Emerald Drive South		
<u>I</u> 1	ndian Harbour Beach, FL 32937		
ARTICLE VII IN	CORPORATOR		
	ess of the Incorporator is:		
The hanc and addition	Raymond Michael Hentschel		. 😊
Name:	Raymond Michael Helischel		5 ₹ <u>8</u>
Address:	400 Emerald Drive South	<u> </u>	SECRETARY ISION OF C
	Indian Harbour Beach, FL 32937	<u></u>	
			PH 4: 02
ARTICLE VIII EI	FFECTIVE DATE:		: o
Effective date, if oth	er than the date of filing:	(OPTIONAL)	₹
(If an effective date days after the filing	is listed, the date must be specific and cars.)	nnot be more than five business days	prior or 90 business
	erted in this block does not meet the applica ctive date on the Department of State's record		ate will not be listed as
	as registered agent to accept service of pro- familiar with and accept the appointment as		
Raum	Much State	01/	/14/2016
	Required Signature/Registered Agent		Date
	ent and affirm that the facts stated herein overtment of State constitutes a third degree fe		
Raynel	Mild Hestert	01.	/14/2016
Required	Signature/Incorporator		Date

· i