P16000037855

(Requestor's Name)				
(Address)				
(1331055)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Codifical Conics				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
Special mandations to 1 ming officer.				
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FLORIDA DEPARTMENT OF STATE Division of Corporations

April 5, 2016

RUSSELL HIXENBAUGH 467 WHITING LN ATLANTIC BEACH, FL 32233

SUBJECT: RKH INC.

Ref. Number: W16000025119

We have received your document for RKH INC. and your check(s) totaling \$78.75. 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.

The document number of the name conflict is P99000017855 (RKH CORP)

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.

TANYA L HENDERSON Regulatory Specialist II

Letter Number: 316A00006933

APR 28 PH 3-4

COVER LETTER

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

SUBJECT:	(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)		
	(PROPOSED CORPORAT	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	ginal and one (1) copy of the artic	cles of incorporation and	a check for:
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status
		ADDITIONAL CC	T REQUIRED
FROM:	Russell Name	HIXENBAU61- (Printed or typed)	1
	-167 WHITING LN		
	Α	ddress	
ATLANTIC BEACH FL. 32233 City, State & Zip			
QuI - 813 - 8163 Daytime Telephone number			
	Russ Pouls E-mail address: (to be used	e 4A1400: C	cotification)
	- man address. (15 66 asod		

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 corporat	tion shall be: RKH	SERVICES !	NC.
ARTICLE II PRINC	IPAL OFFICE Principal street address	Mailing add	ress, if different is:
467 WH	ITING LAL.		
ATLANTIC B	SEACH FL. 32233		
	DSE the corporation is organized is: TO TO FLOWING A	CONDUCT LEGA	IL BUSINESS
			78 to 10 11 11 11 11 11 11 11 11 11 11 11 11
			<u> </u>
	ES stock is: 1,000 @ 1.00 p	AR	### 184 34 50 ### 34 50 #### 80 50
	RUSSELL HIXENBAUGI-1 PRESIDENT	Name and Title:	
Address	PRESIDENT	Address:	
	HET WHITING LAL.		
	ATLANTIC BEACH FL. 3:	<i>12</i> 33	
Name and Title:		Name and Title:	
Address		Address:	
	;		
Name and Title:		Name and Title:	
Address			
		<u></u>	· · · · · · · · · · · · · · · · · · ·

Name ar	d Title: Na	me and Title:		
Address	Ad	dress:		
	REGISTERED AGENT lorida street address (P.O. Box NOT acceptable) of the	registered agent is:		
Name:	RUSSELL HIXENBAUGH			
Address:	467 WHITING LN.			
	MTLANTIC BEACH, FL. 3223	\$3		
ARTICLE VII	<u>INCORPORATOR</u>			
The name and a	ddress of the Incorporator is:	ALC: St. Sec.		
Name:	RUSSELL HIXENBAUGH	ARC ARCHARACTER AND ARCHARACTER ARCHARACTE		
Address:	467 WHITENG LN.			
	ATLANTIC BEACH FL. 32	7 7 7		
		255 (See See See See See See See See See Se		
ARTICLE VIII Effective date, if	EFFECTIVE DATE: other than the date of filing:	(OPTIONAL)		
	late is listed, the date must be specific and cannot be			
-	inserted in this block does not meet the applicable statu	tory filing requirements, this date will not be listed as		
	ffective date on the Department of State's records.	tory ming requirements, and date will not be hated as		
	ned as registered agent to accept service of process for			
this certificate, I	am familiar with and accept the appointment as register	ed agent and agree to act in this capacity		
	m 80	3-24-16		
/	Required Signature/Registered Agent	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.				
K	nu KO	3-24-16		
Requ	red Signatur Theorporator	3-Z4-16 Date		

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