

P16000068521

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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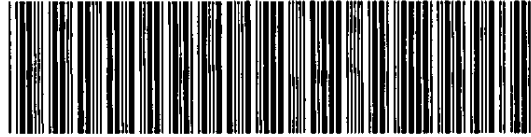
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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16 AUG -4 AM 8:57
TALLAHASSEE, FLORIDA
7/4
8/19/16

COVER LETTER

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

SUBJECT: Rachel Burkhart Photography Co.

(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: Rachel Burkhart

Name (Printed or typed)

467 Archway Dr

Address

Spring Hill, FL 34608

City, State & Zip

574-339-6254

Daytime Telephone number

rachelburkhartphotography@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: Rachel Burkhart Photography Co.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

467 Archway Dr

Spring Hill, FL 34608

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Professional Photography services.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Rachel Burkhart President

Name and Title: Richard D Burkhart Secretary

Address 467 Archway dr

Address: 467 Archway dr

Spring Hill, FL 34608

Spring Hill, FL 34608

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

16 AUG -14 PM 8:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: Richard D Burkhart
Address: 467 Archway dr
Spring Hill, FL 34608

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SECRETARY OF STATE
TALLAHASSEE - FLORIDA

ARTICLE VII INCORPORATOR

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

Name: Rachel M Burkhart
Address: 467 Archway dr
Spring Hill, FL 34608

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 08/01/2016 (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

Richard D Burkhart 08/01/2016
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.

Rachel Burkhart 08/01/2016
Required Signature/Incorporator Date