

PL60000581808

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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## COVER LETTER

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

**SUBJECT:** IRH DISTRIBUTION CORP.

(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:** RICHARD HERNANDEZ

Name (Printed or typed)

8570 NW 61st ST

Address

MIAMI, FL. 33166

City, State & Zip

786-4730807

Daytime Telephone number

irh377@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: IRH DISTRIBUTION CORP.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
8570 NW 61st ST, MIAMI FL., 33166

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: THIS CORPORATION WILL ENGAGE IN OR TRANSACT

ANY OR ALL LAWFUL ACTIVITIES OR BUSINESS PERMITTED UNDER THE LAWS OF THE UNITED STATES,

THE STATE OF FLORIDA, OR ANY OTHER STATE, COUNTRY, TERRITORY OR NATION. THIS CORPORATION

WILL ENGAGE IN ALL THINGS IMPORT AND EXPORT.

**ARTICLE IV SHARES**

The number of shares of stock is: 5,000 SHARES OF COMMON STOCK.

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

Name and Title: EMILY STEFANY HERNANDEZ PRESI

Name and Title: RICHARD HERNANDEZ VICE PRES

Address 8290 LAKE DR APT 504

Address: 8290 LAKE DR APT. 504

DORAL FL. 33166

DORAL, FL 33166

Name and Title: EMILY ESTEFANY HERNANDEZ TREA

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

Address 8290 LAKE DR APT. 504

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

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

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

Address \_\_\_\_\_

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

16 OCT - 5 AM 7:11  
NOTARY PUBLIC  
STATE OF 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: EMILY STEFANY HERNANDEZ

Address: 8290 LAKE DR. APT. 504

DORAL, FL 33166

**ARTICLE VII INCORPORATOR**

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

Name: EMILY STEFANY HERNANDEZ

Address: 8290 LAKE DR. APT. 504

DORAL, FL 33166

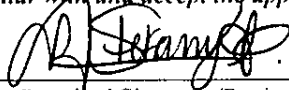
**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: 09/27/2016. (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*

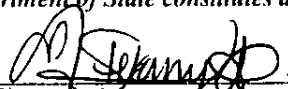


\_\_\_\_\_  
Required Signature/Registered Agent

09/27/2016

\_\_\_\_\_  
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

09/27/2016

\_\_\_\_\_  
Date