

P17000037642

(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



700298269907

04/25/17--01002--010 **78.75

FILED
17 APR 25 PM 5:33
FBI - ALA

D O'KEEFE

APR 26 2017

COVER LETTER

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

SUBJECT: RGH ADVISORS JNC

(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: ROCHELLE G. HARRIS

Name (Printed or typed)

450 N. FEDERAL HWY UNIT PH9

Address

BOYNTON BEACH, FL 33435

City, State & Zip

561-413-4345

Daytime Telephone number

rgharrisphd@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: RGH ADVISORS, INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

450 FEDERAL HWY UNIT PH9

BOYNTON BEACH, FL 33435

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: REAL ESTATE CONSULTING

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Rochelle G. Harris Pres and CEO

Name and Title: _____

Address 450 North Federal Hwy. PH9

Address: _____

Boynton Beach, FL 33435

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

FILED
17 APR 25 PM 5:33
CLERK OF DISTRICT COURT
JULIA L. GIBSON

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: Rochelle G. Harris _____

Address: 450 N. Federal Hwy. _____

Boynton Beach, FL 33435 _____

ARTICLE VII INCORPORATOR

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

Name: Rochelle G. Harris _____

Address: 450 N. Federal Hwy PH9 _____

Boynton Beach, FL 33435 _____

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 days prior or 90 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

Rochelle G. Harris Rochelle G. Harris
Required Signature/Registered Agent

4/19/17
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.

Rochelle G. Harris
Required Signature/Incorporator
Rochelle G. Harris

4/19/17
Date