

P17000078932

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

17 OCT -2 AM 8:58

FILED

OCT 03 2017

K. Brumbley

September 20, 2017

Department of State

Division of Corporations

Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

Reference: R.C. Himes Inc. Florida Document Number: P14000020311

Dear Department:

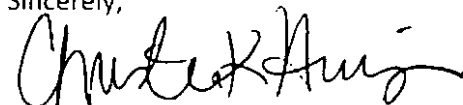
It has come to my attention that my company has been dissolved.

At this time as the president I would like to have the division of corporations release my Florida Document P14000020311 for R.C. Himes, Inc.

I am also enclosing new articles that I would ask the Division of Corporations to file on my behalf at this time.

Thanking you in advance for your attention to this matter.

Sincerely,

A handwritten signature in cursive script, appearing to read "Christie K Himes".

Christie K Himes

President

**COVER LETTER**

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

**SUBJECT:** R.C. Himes Inc  
\_\_\_\_\_  
**(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:** Christine K Himes  
\_\_\_\_\_  
Name (Printed or typed)  
  
2256 E 11th Street  
\_\_\_\_\_  
Address  
  
Lehigh Acres, FL 33936  
\_\_\_\_\_  
City, State & Zip  
  
239-464-0077  
\_\_\_\_\_  
Daytime Telephone number  
  
christiehimes@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: R.C. Himes Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal <u>street</u> address <u>2256 E 11th Street</u> <u>Lehigh Acres, FL 33936</u>	Mailing address, if different is: <u>Same</u>
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**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Any and all lawful business relating to retail sales

**ARTICLE IV SHARES**

The number of shares of stock is 100 Shares @ \$1.00 par value per share

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

Name and Title: <u>Christine K Himes P</u>	Name and Title: <u>Ronald J Himes, VP</u>
--	---

Address: <u>2256 E 11th Street</u>	Address: <u>2256 E 11th Street</u>
<u>Lehigh Acres, FL 33936</u>	<u>Lehigh Acres, FL 33936</u>

Name and Title: _____	Name and Title: _____
-----------------------	-----------------------

Address: _____	Address: _____
_____	_____

Name and Title: _____	Name and Title: _____
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Address: _____	Address: _____
_____	_____

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: Christine K Himes  
Address: 2256 E 11th Street  
Lehigh Acres, FL 33936

**ARTICLE VII INCORPORATOR**

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

Name: Christine K Himes  
Address: 2256 E 11th Street  
Lehigh Acres, FL 33936

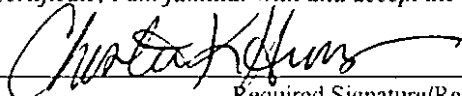
**ARTICLE VIII EFFECTIVE DATE:**

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*

 9/20/17  
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.*

 9/20/17  
Required Signature/Incorporator Date