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COVER LETTER

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

SUBJECT: R	HENTELPILISES O (PROPOSED CORPORA)	F NORTH-FLORE	DA, WC.
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u> I	J <u>DE-SUFFIX</u>)
Enclosed are an orig	ginal and one (1) copy of the arti	cles of incorporation and	l a check for:
Ø S70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	S78.75 Filing Fee & Certified Copy ADDITIONAL CO	& Certificate of Status
FROM:	RHENTERPRISES Name		
	3539 APALACH	EE Prwy STE Address	371 WIT3
	TALLAHASSEE, FI	323// State & Zip	
	(850) 228-9818 Daytime T	elephone number	
	Finenterprises on	of Grand 1 c	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)

The name of the corpor	ation shall be: $RHENTERPRI$	STOF NORTH	FORIDA, INC
ARTICLE II PRIN	CIPAL OFFICE Principal street address CHSS PILLSY STE 371 UN	Mailing ac	ldress, if different is:
	5 /2 32311		
ARTICLE III PURF	POSE the corporation is organized is:	4 AND ALL CAM	સા <i>Busid</i> ESS
ARTICLE V INIT	IAL OFFICERS AND/OR DIRECTORS LET R HAMPTON IF	November 1 Tides	
Address	3539 APALACHEE PKWY		142,-74
	STE 371 LINET 3 TALAHASSEE, PZ 32311 CHAIS HARVEY		63
Name and Tit	le: V, P.	Name and Title:	
Address	4495 SHALFER ROAD K-55		
	TALLAHASSIE, FL 323 CS		<u>, 19</u>
Name and Tit	le:	Name and Title:	
Address		Address:	

Name and Title:	Name and Title:
Address	Address:
	
ARTICLE VI REGISTERED AGENT	
The name and Florida street address (P.O. Box	x NOT acceptable) of the registered agent is:
Name: LES Hampton	
Address: 3539 APACHEHEE	: PRONY STEEDY WALT 3
TAL: MANSSER	- 323//
-	
ARTICLE VII INCORPORATOR	
The <u>name and address</u> of the Incorporator is:	
Name: LEE / LANGON	
• •	EE PRWY STE 371 UNIT 3
TALLAHISERE	F. 3231)
ARTICLE VIII EFFECTIVE DATE:	
Effective date, if other than the date of filing: _ (If an effective date is listed, the date must be filing.)	e specific and cannot be more than five days prior or 90 days after the
Note: If the date inserted in this block does no the document's effective date on the Department	it meet the applicable statutory filing requirements, this date will not be listed as int of State's records.
Having been named as registered agent to acc this certificate, I am familiar with and accept the	ept service of process for the above stated corporation at the place designated in he appointment as registered agent and agree to act in this capacity
AND_	14Nov17
Required Signature/	Registered Agent Date
I submit this document and affirm that the fa document to the Department of State constitute	acts stated herein are true. I am aware that the false information submitted in a es a third degree felony as provided for in s.817.155, F.S.
10)_	
Required Signature/Incorporator	14 NOV 17 Date

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DATE: 2017 NOU 14

I'M NET GOING TO REINSTATE THE CORPORATION RH
ENTERPRISES OF NORTH FEURIDA, INC. DOCUMENT # PIZO 000 57272

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