Office Use Only

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FLORIDA DEPARTMENT OF STATE Division of Corporations

April 10, 2019

RUTH E HINES 1540 PINE FOREST DR TALLAHASSEE, FL 32301

SUBJECT: RUTH E HINES EL PASO COFFEE AND TRAILORING COMPANY

Ref. Number: W19000036018

We have received your document for RUTH E HINES EL PASO COFFEE AND TRAILORING COMPANY and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The title(s) in the officer/director field(s) is/are not acceptable. Please refer to the following link for acceptable officer/director title information. http://dos.myflorida.com/sunbiz/search/guides/corporation-records/title-abbreviations/

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Keyna E Page Regulatory Specialist II

Letter Number: 419A00007149

2019 (25 PH 12: 27

COVER LETTER

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

| /) | • | | | Company |
|-------------------|--|--|--|---------|
| SUBJECT: Kall | PROPOSED CORPORA | BL JUSO COLF TENAME – MUST INCLI | De and TV JDE SUFFIX) | n lors |
| | inal and one (1) copy of the arti | | | • |
| S70.00 Filing Fee | □ \$78.75 Filing Fee & Certificate of Status | □ \$78.75 Filing Fee & Certified Copy ADDITIONAL CO | \$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED | |
| from: <u> </u> | Ruth E. Hines Name | (Printed or typed) dr. | | - |
| | - 25 B 8/112 | State & Zip | | |
| | É-mail address: (to be used | · | notification) | |

NOTE: Please provide the original and one copy of the articles.

| | | INCORPORATION 07 and/or Chapter 621, F.S. (Pr | rofit) | ı | |
|---|---|--|-----------------------------------|---------------------------------------|--|
| ARTICLE I NAME The name of the corporatio | Cha Il | ; | so coller and The | Co. va | |
| 1540 Phe For | | | Mailing address, if different is: | | |
| ARTICLE III PURPOS | | Sril Collec | es-and | _ _ _ | |
| To Monuf | actor (trailor) | Cotthing & | er Sell. | | |
| | | | | | |
| Name and Title: | ock is: 1,000, OFFICERS AND/OR DIRECTOR OVERSO JUNES TO SELL SUD PINE FOLEST | Name and Title: Address: | | | |
| - | Tallahassee, Fl | | , (1) | | |
| | | Address: | | · · · · · · · · · · · · · · · · · · · | |
| Name and Title: | | | | · — | |
| _ | | | | _ | |

| Name and Title: | Name and Title: | |
|---|--|--|
| Address | Address: | |
| | | |
| | | |
| | | |
| ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box | NOT appointable) of the registered ment is: | |
| I Ball - | His b | |
| Address: 1540 Pine | Forested. | |
| Tallahusse | e FL 3230/ | 19 A |
| ARTICLE VII INCORPORATOR | | APR 25 |
| The name and address of the Incorporator is: | . / . | |
| Name: Koth 5 | Hines | AH 10: 46 |
| Address: 1540 P/> | e Forest dr. | 9.1 |
| Tallehass | er FL 3230/ | |
| ARTICLE VIII EFFECTIVE DATE: 2 | $\sqrt{1}$ | |
| Effective date, if other than the date of filing: | 29/2D/9 (OPTIONAL) specific and cannot be more than five days prior or | e 90 duns after the |
| filing.) | specific and cannot be more than twe days prior of | 70 days after the |
| Note: If the date inserted in this block does not the document's effective date on the Department | meet the applicable statutory filing requirements, this of State's records. | date will not be listed as |
| Having been named as registered agent to acception this certificate. I am familiar with and account the | pt service of process for the above stated corporation of a appointment as registered agent and agree to act in the | at the place designated in his copacity. |
| Kuth & Ken | | 3/30/2019 |
| Required Signature/R | egistered Agent | Date |
| | ts stated herein are true. I am aware that the false in a third degree felony as provided for in s.817.155, F.S | |
| THE A | × 1 | 1/22/22/0 |
| Required Signature/Incorporator | | Pate 7 |