PAROOO 61522

(Requestor's Name)				
(Address)				
(Addre	ess)			
(City/S	State/Zip/Phone #)			
PICK-UP	WAIT MAIL			
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificates of Status			
Special Instructions to Filing Officer:				

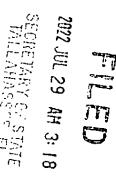
Office Use Only



400391638174

107 B/S/-- 177-- 1 + 178, 10





COVER! TER

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

SUBJECT:	J R Rhoades Scrap Metal & Hauling, Inc.				
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)					
Enclosed are an orig	ginal and one (1) copy of the art	ticles of incorporation and	i a check for:		
□ \$70.00 Filing Fee		☐ \$78.75 Filing Fee & Certified Copy ADDITIONAL CO	☐ \$87.50 Filing Fee, Certified Copy & Certificate of Status PPY REQUIRED		
FROM:	·	hn R. Rhoades c (Printed or typed)			
	- <u>-</u>	121st Ave. E.			
		Address			
	_	sh, FL 34219			
	City	, State & Zip	·		
	94	1-725-9047			
	Daytime Telephone number				
	pmcclurecpa61264@gmail.com				
	E-mail address: (to be use	d for future annual report i	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 The name of the	NAME corporation shall be:	J R Rhoa	J R Rhoades Scrap Metal & Hauling, Inc.				
	PRINCIPAL OFFICE Principal street as 7216 121st Ave. E.				g address, if differ	 	
	Parrish, FL 34219		_				
ARTICLE III The purpose for	PURPOSE r which the corporation is	organized is:	Any and all law	ful business en	deavors		
ARTICLE V	shares of stock is:	ND/OR DIRECT					
	and Title:						
Addres		FL 34219	Addres				
Name a	and Title:		Name a	and Title:			
Addres		· · · · ·	Addres	ss:			
				dd ddiwysg ddiwdy y gang y gang gang gang gang gang gang		7922 JUL	2 3 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3
Name a	nd Title:		Name a	and Title:		\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	Pages
Addres			Addres	ss:	<u> </u>	<u>₹</u>	1
						8	

Name ai	nd Title:	Name and Title:	
Address			
ARTICLE VI	REGISTERED AGENT Torida street address (P.O. Box NOT acceptable)	e) of the registered agent is:	
Name:	John R. Rhoades		
Address:	7216 121st Ave. E.		
	Parrish, FL 34219		
ARTICLE VII	INCORPORATOR		
The name and a	ddress of the Incorporator is:		
Name:	John R. Rhoades		
Address:	7216 121st Ave. E.	.	
	Parrish, FL 34219		
(If an effective of filing.) Note: If the date the document's e	other than the date of filing: 7/18/22 date is listed, the date must be specific and continue inserted in this block does not meet the applications of the date on the Department of State's reconned as registered agent to accept service of processing the date of the date	annot be more than five days prior able statutory filing requirements, the ords. ess for the above stated corporation of	nis date will not be listed as
certificate, I am	familiar with and accept the appointment as reg	estereu ugent una ugree to uct in inis	7/15/22
JUNI)	Required Signature/Registered Agent		Date
I submit this document to the	cument and affirm that the facts stated herein Department of State constitutes a third degree j	are true. I am aware that the false felony as provided for in s.817.155, F	information submitted in .S.
XMM	K Madle	Date	7/15/22
Re q uired Signati	ure/Incorporator	Date	7.14
			9 F
			<u> </u>
			