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



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SECHE TARY OF STATE DIVISION OF CORPORATION

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COVER LETTER

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

| SUBJECT: | R HOLDINGS, INC. | | |
|-----------------------------|--|--|--|
| SOBJECT. | (PROPOSED CORPORA' | TE NAME – MUST INCLU | DE SUFFIX) |
| Enclosed are an ori | ginal and one (1) copy of the arti | cles of incorporation and | a check for: |
| ⊠ \$70.00 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 |
| | | | |
| FROM: | ROBERT SALTSMAN | | |
| | Name | (Printed or typed) | |
| | P.O. BOX 2146 | | |
| | A | ddress | |
| | WINTER PARK, FL 32790 | State & Zip | |
| | City, | State & Zip | |
| | 407-647-2899 Daytime Te | elephone number | |
| | · | p | |
| _ | JUDY@SALTSMANPA.COM E-mail address: (to be used | for future annual report n | otification) |
| | L-man address. (w be used | ioi ioinic amuai icpoit ii | ourication) |

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

CORPORATE ACCESS,

When you need ACCESS to the world

INC.

6.

236 East 6th Avenue. Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

WAIKIN

| | | | ** 1 | 71717 114 | | |
|----|------------|--|------|-------------|-------|---|
| | | PICK U | P: _ | MISTY 12/28 | | |
| | | CERTIFIED COPY | | | | _ |
| | XX | PHOTOCOPY CUS | | | | _ |
| | XX | FILING | INC. | | | _ |
| 1. | | DHR HOLDINGS, INC. (CORPORATE NAME AND DOCUMEN | T #) | | | |
| 2. | | (CORPORATE NAME AND DOCUMEN | T #) | | | |
| 3. | | (CORPORATE NAME AND DOCUMEN | | | | |
| 4. | | (CORPORATE NAME AND DOCUMEN | T #) | | · | |
| 5. | | (CORPORATE NAME AND DOCUMEN | T #) | | | |
| 6. | | (CORPORATE NAME AND DOCUMEN | T #) | | | |
| | CIA TRU | L CTIONS: | | | | |
| | | | | | | |

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

| RTICLE II PRINCI | IPAL OFFICE | | |
|--|---|----------------|-----------------------------------|
| | Principal street address | i | Mailing address, if different is: |
| 280 MANOR OAKS CT | · | 280 MAN | OR OAKS CT. |
| SANFORD, FL 32771 | | _SANFOE | RD. FL 3277.1 |
| ARTICLE III PURPO. The purpose for which the | SE to corporation is organized is:Investration_ | nents | 22 DEC 28 |
| · · · · · · · · · · · · · · · · · · · | | | 22 DEC 28 |
| | | | |
| | | | N. Si |
| | | | 59 |
| · · · · · · · · · · · · · · · · · · · | | | |
| | | | |
| ARTICLE IV SHARE | is | | |
| The number of shares of s | stock is: 10,000 | | |
| | | | |
| | L <u>OFFICERS AND/OR DIRECTORS</u> | | |
| Name and Title: | C. ERIC CONLEY, PRESIDENT | Name and Title | C. ERIC CONLEY, SECRETARY |
| Address | 280 MANOR OAKS CT | Address: | 280 MANOR OAKS CT |
| | SANFORD, FL 32771 | | SANFORD, FL 32771 |
| | | . | |
| Name and Title: | C. ERIC CONLEY, DIRECTOR | Name and Title | : <u></u> |
| Address | 280 MANOR OAKS CT | Address: | |
| | SANFORD, FL 32771 | | |
| | | | |
| | | | |
| Name and Title: | | Name and Title | · |
| Name and Title:_ | | | : |
| | | | |

| Name a | and Title: | Name and Title: | |
|-------------------|---|---|----------------------------|
| Addre | ss | Address: | |
| | | | |
| | | | |
| | | | 2 : |
| ARTICLE VI | REGISTERED AGENT | | VISH VISH 2 DE |
| | Florida street address (P.O. Box NOT acce | ptable) of the registered agent is: | DEC 2 |
| Name: | C. ERIC CONLEY | | 60 7356 |
| Address: | 280 MANOR OAKS CT | | |
| | SANFORD, FL 32771 | | Seal E Railo: 2: 59 |
| ARTICLE VII | INCORPORATOR | | ** |
| The name and | address of the Incorporator is: | | |
| Name: | C. ERIC CONLEY | ······ | |
| Address: | 280 MANOR OAKS CT. | | |
| | SANFORD, FL 32771 | | |
| Effective date, i | EFFECTIVE DATE: if other than the date of filing: date is listed, the date must be specific a | (OPTIONAL) nd cannot be more than five days prior or | r 90 days after the |
| | te inserted in this block does not meet the a effective date on the Department of State's | pplicable statutory filing requirements, this records. | date will not be listed as |
| | | process for the above stated corporation at this registered agent and agree to act in this ca | |
| | (Fin Color | | 12/28/20 |
| | Required Signature/Registered A | gent | Date |
| | | erein are true. I am aware that the false in | formation submitted in a |
| document to the | | rree felony as provided for in s.817.155, F.S. | , . |
| <u></u> | Canc Cly | | 12/28/22 |
| Required Signal | ture/Incorporator | Date | 1 |

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