

P230000013807

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2023 FEB -5 AM 10:41  
FALL  
11:01:00

## COVER LETTER

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

SUBJECT: PHC Dwellings 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      ☐ \$78.75  
Filing Fee      Filing Fee  
                         & Certificate of Status

☐ \$78.75      ☐ \$87.50  
Filing Fee      Filing Fee,  
& Certified Copy      Certified Copy  
                         & Certificate of  
                         Status

**ADDITIONAL COPY REQUIRED**

FROM: Paul Callaway  
Name (Printed or typed)

112 Sandalwood Dr  
Address

Carrollton, Ga 30117  
City, State & Zip

770-548-5689  
Daytime Telephone number

PHCDwellings@gmail.com  
E-mail address: (to be used for future annual report notification)

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

2023 FEB 15 AM 10:41  
FL STATE  
CORPORATION

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: PHC Dwellings LLC

ARTICLE II PRINCIPAL OFFICE

Principal street address  
117 Sandalwood Dr  
Carrollton, Ga 30117

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Vacation rentals

ARTICLE IV SHARES

The number of shares of stock is: 2

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Paul Callaway - President

Address: 117 Sandalwood Dr  
Carrollton, Ga 30117

Name and Title: Haley Callaway - CEO

Address: 117 Sandalwood Dr  
Carrollton, Ga 30117

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

2023 FEB 5 AM 10:41  
STATE OF FLORIDA  
J. D.

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: Paul Callaway Paul Callaway  
Address: 199 Pond Cypress Cove  
Port St Joe, FL 32456

**ARTICLE VII INCORPORATOR**

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

Name: Paul Callaway Paul Callaway  
Address: 199 Pond Cypress, Cove  
Port St. Joe, FL 32456

**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*

Paul Callaway

Required Signature/Registered Agent

1/31/2023

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.*

Paul Callaway

Required Signature/Incorporator

1/31/2023

Date

2023 FEB -5 AM 10:41  
DEPT OF STATE  
FEB 05 2023