

5/4/23, 2:39 PM

Division of Corporations

P2300035633

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H23000167786 3)))



H230001677863ABC7

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : TAX SAVERS
Account Number : I20150000107
Phone : (941)625-1925
Fax Number : (941)625-1526

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: drs@simoneaux.net

RECEIVED
2023 MAY -4 PM 4:30

CORPORATIONS
COMMERCIAL
SERVICES

FLORIDA PROFIT/NON PROFIT CORPORATION
NHPH, Inc.

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$70.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AM 9:07

FILED

Electronic Filing Menu

Corporate Filing Menu

Help

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: NHPH, INC.

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address

Mailing address, if different is:

24901 SANDHILL BLVD SUITE 8

24901 SANDHILL BLVD SUITE 8

PUNTA GORDA, FL 33983

PUNTA GORDA, FL 33983

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: RENEE A SIMONEAUX JR.

Name and Title: _____

Address PRESIDENT

Address: _____

24901 SANDHILL BLVD SUITE 8

PUNTA GORDA, FL 33983

Name and Title: BARBARA H SIMONEAUX

Name and Title: _____

Address VICE PRESIDENT

Address: _____

24901 SANDHILL BLVD SUITE 8

PUNTA GORDA, FL 33983

Name and Title: _____ 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 NOT acceptable) of the registered agent is:

Name: RENEE A SIMONEAUX JR.
Address: 24901 SANDHILL BLVD SUITE 8
PUNTA GORDA, FL 33983

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: RENEE A SIMONEAUX JR.
Address: 24901 SANDHILL BLVD SUITE 8
PUNTA GORDA, FL 33983

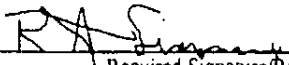
ARTICLE VIII EFFECTIVE DATE:

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


Required Signature/Registered Agent

MAY 4, 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.


Required Signature/Incorporator

MAY 4, 2023
Date