

PA3000046989

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

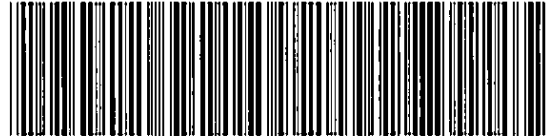
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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6/20/23

2023 JUN 20 PM 9:52
SECRETARY OF STATE
TALLAHASSEE, FL

FILED

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

ROYAL OAK CAPITAL *Holdings, Inc*

Please Debit FCA000000003 For: 87.50

Thank you Seth Neeley


Signature

Requested by:

Name _____ Date _____ Time _____

Walk-In _____ Will Pick Up _____

174 Pender's Printing • Tallahassee, FL 32301

- ____ Art of Inc. File _____
- ____ LTD Partnership File _____
- ____ Foreign Corp. File _____
- ____ L.C. File _____
- ____ Fictitious Name File _____
- ____ Trade/Service Mark _____
- ____ Merger File _____
- ____ Att. of Amend. File _____
- ____ RA Resignation _____
- ____ Dissolution / Withdrawal _____
- ____ Annual Report / Reinstatement _____
- ☒ Cert. Copy _____
- ____ Photo Copy _____
- ☒ Certificate of Good Standing _____
- ____ Certificate of Status _____
- ____ Certificate of Fictitious Name _____
- ____ Corp Record Search _____
- ____ Officer Search _____
- ____ Fictitious Search _____
- ____ Fictitious Owner Search _____
- ____ Vehicle Search _____
- ____ Driving Record _____
- ____ UCC 1 or 3 File _____
- ____ UCC 11 Search _____
- ____ UCC 11 Retrieval _____
- ____ Courier _____



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 19, 2023

CAPITAL CONNECTION, INC.

SUBJECT: ROYAL OAK CAPITAL, INC.
Ref. Number: W23000085651

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TALLAHASSEE, FL

We have received your document for ROYAL OAK CAPITAL, INC. However, the document has not been filed and is being returned for the following:

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is L01000019399.

The suffix does not make the difference.

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.

Karen Lovelace
Regulatory Specialist II

Letter Number: 423A00013858

RECEIVED
2023 JUN 20 PM 2:41
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: Royal Oak Capital Holdings, 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
Filing Fee

☒ \$78.75
Filing Fee
& Certificate of Status

☒ \$78.75
Filing Fee
& Certified Copy

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

ADDITIONAL COPY REQUIRED

FROM: Kurt Lahr
Name (Printed or typed)

1300 NW 17th Ave Ste 278
Address

Delray Beach, FL 33445
City, State & Zip

561 713 0858
Domestic Telephone number

Sales@rarecollective.com
E-mail address (to be used for future annual report notification)

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

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TALLAHASSEE, FL

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ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 623, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be:

Royal Oak Capital Holdings, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal Street address

Mailing address, if different is:

1300 NW 17th Ave Ste 278
Delray Beach FL 33445

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Rebt consolidation

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:

Kurt Lohr

Name and Title:

Address

1653 Primrose Ln
Wellington
FL 33414

Address

Name and Title:

Name and Title:

Address

Address

Name and Title:

Name and Title:

Address

Address

SECRETARY OF STATE
TALLAHASSEE, FL

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Name and Title: _____ Time 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: Kurt Lahr
Address: 1653 Primrose Ln
Wellington FL 33445

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Kurt Lahr
Address: 1653 Primrose Ln
Wellington FL 33445

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 in 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
Date: 6/19/23

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.17.155, F.S.

Required Signature/Incorporator
Date: 6/19/23

SECRETARY OF STATE
TALLAHASSEE, FL

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