

724 000026189

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

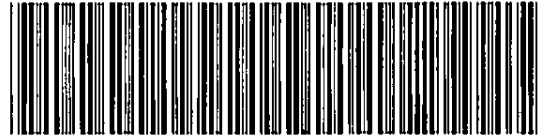
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TALLAHASSEE, FL

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2024 APR 15 PM 1:21
DIRECTOR OF CORPORATIONS
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: REIDAN ENVIRONMENTAL HEALTH 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: Kim MARTIN HEATH
Name (Printed or typed)

115 N. LOVE ST
Address

QUINCY FL 32351
City, State & Zip

850-273-9533
Daytime Telephone number

KimH1454@HOTMAIL.COM
E-mail address: (to be used for future annual report notification)

2024 APR 15 PM 12:30
STATE OF FLORIDA
TALLAHASSEE, FL

FILED

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 NAME

The name of the corporation shall be: RELION ENVIRONMENTAL INC

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address

Mailing address, if different is:

115 N LOUE ST
QUINCY FL 32351

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ENVIRONMENTAL SERVICES

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: KIM M. HEATH

Name and Title: MANAGER

Address: 115 N. LOUE ST

Address: _____

QUINCY
FL 32351

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

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TALLAHASSEE, FL

Name and Title: Kim MARTIN HEATH MGR
Address: 115 N. LOVE
QUINCY
FLORIDA 32351

ARTICLE VI REGISTERED AGENT

The **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:

Name: Kim HEATH
Address: 115 N. LOVE ST.
QUINCY FL

ARTICLE VII INCORPORATOR

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

Name: Kim HEATH
Address: 115 N. LOVE ST.
QUINCY FL 32351

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: APRIL 15 (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.

[Signature]
Required Signature/Registered Agent

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.

[Signature]
Required Signature/Incorporator

Date

2011 APR 15 PM 2:31
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STATE OF FLORIDA
4-15-24