

P24000046651

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

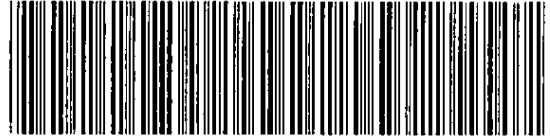
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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07/16/24--01004--1681
FILED
2024 JUL 15 AM 9:47
SECRETARY OF STATE
TALLAHASSEE, FL

RECEIVED
2024 JUL 15 PM 3:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: Romar Elevators, 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: Ashley N Harris
Name (Printed or typed)
3024 N Powers dr Apt 162
Address
Orlando, FL 32818
City, State & Zip
404-831-2519
Daytime Telephone number
RomarElevators, Inc@gmail.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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DEPARTMENT OF STATE
TALLAHASSEE, FL

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: Romar Elevators Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address
3024 N powers dr Apt-152
Orlando FL 32818

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Business

ARTICLE IV SHARES

The number of shares of stock is: 5000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Ashtey N Harris P Name and Title: _____

Address: _____ Address: _____

3024 N powers dr
Orlando FL 32818

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

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CLERK OF DISTRICT COURT
STATE OF FLORIDA

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: Ashley N Harris

Address: 3024 N Powers dr Apt 152
Orlando FL 32818

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Ashley N Harris

Address: 3024 N Powers dr Apt 152
Orlando FL 32818

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TALLAHASSEE, FL

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

Ashley N Harris

Required Signature/Registered Agent

7/15/24

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.

Ashley N Harris

Required Signature/Incorporator

7/15/24

Date