

P24000060848

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

MAIL

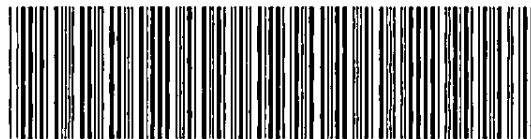
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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DATE
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STATE OF FLORIDA

COVER LETTER

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

SUBJECT: DLH Affordable General Maintenance
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX) Inc

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

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FILED

FROM: David L Harris
Name (Printed or typed)

8508 SE Begonia Way
Address

Hobe Sound, FL 33455
City, State & Zip

(561) 764-4652
Daytime Telephone number

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

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: DLH Affordable General Maintenance Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

8508 SE Begonia Way
Hobe Sound, FL 33455

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Tree Service
Landscaping, Pressure Washing,
Handyman work, Painting

ARTICLE IV SHARES

The number of shares of stock is: 1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:

David L Harris P

Name and Title:

Address

8508 SE Begonia Way
Hobe Sound, FL
33455

Address:

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

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CLERK OF DISTRICT COURT
JACKSONVILLE, FL

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: David L Harris

Address: 8508 SE Begonia Way
Hobe Sound FL 33455

ARTICLE VII INCORPORATOR

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

Name: David L Harris

Address: 8508 SE Begonia Way
Hobe Sound FL 33455

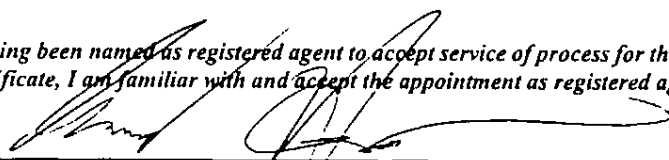
ARTICLE VIII EFFECTIVE DATE:

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.

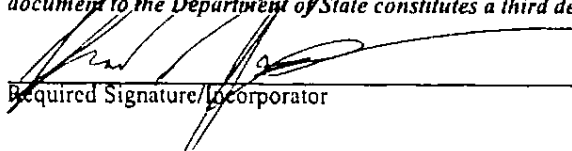
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Required Signature/Registered Agent

10/24/24
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.



Required Signature/Incorporator

10/2/24
Date

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FLORIDA DEPARTMENT OF STATE