

P95000028046

TRANSMITTAL LETTER

FILED

95 APR -6 / 11 10 29

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

200001449782  
-04/06/95--01079--007  
\*\*\*\*\*70.00 \*\*\*\*\*70.00

SUBJECT: R. m. SHOFF, Inc.  
(Proposed corporate name - must include suffix)

Enclosed is an original and one (1) copy of the articles of Incorporation and a check for ;

☐ \$70.00  
Filing Fee

☐ \$78.75  
Filing Fee  
& Certificate

☐ \$122.50  
Filing Fee  
& Certified Copy

☐ \$131.25  
Filing Fee,  
Certified Copy  
& Certificate

FROM: Rose Mary SHOFF  
Name (printed or typed)

6245 N. Harbor City Blvd  
Address

Milbourne, FL 32940  
City, State & Zip

407-254-8702 / 407-2546829  
Daytime Telephone number

NANCY HENDRICKS APR 10 1995

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

## ARTICLES OF INCORPORATION

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SECRET  
TALLAHASSEE, FLA.

*The undersigned Incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.*

### ARTICLE I NAME

The name of the corporation shall be:

R. M. SHOFF, Inc.

### ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

3220 W. New Haven Ave.  
West Melbourne, FL 32904

### ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

5000

### ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Rose Mary SHOFF  
3220 W. New Haven Ave  
W. Melbourne, FL 32904

**ARTICLE V INCORPORATOR(S)**

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

Rose Mary SHOFF, President  
6245 N. Harbor City Blvd.  
Mel, Fla 32940

Robert M. SHOFF, Vice-President  
6245 N. Harbor City Blvd.  
Mel, Fla 32940

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

1 day of April, 1995.

Rose Mary Shoff  
Signature  
Robert M. Shoff  
Signature  
\_\_\_\_\_  
Signature

**Articles of Incorporation  
Filing Fee - \$35**

## CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 or 617.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is: R. M. SHOFF, Inc.

2. The name and address of the registered agent and office is:

Rose Mary SHOFF  
(Name)  
3220 W. New Haven Ave  
(P.O. Box not acceptable)  
West Melbourne, FL 32904  
(City/State/Zip)

SECRET  
TALLAHASSEE, FL  
APR 11 1995

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*Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*

Rose Mary Shoff  
(Signature)

4/1/95  
(Date)

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morfitt  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P95000028046**

1. Corporation Name  
**R. M. SHOFF, INC.**

Principal Place of Business  
**3220 W. NEW HAVEN AVE.  
WEST MELBOURNE FL 32904**

Mailing Address  
**3220 W. NEW HAVEN AVE.  
WEST MELBOURNE FL 32904**

96 NOV 12 PM 12:01  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**REINSTATEMENT** 96 42

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04/08/1985	
City & State		City & State		5. FEI Number <b>593301518</b>	
Zip		Zip		Applied For	
Country		Country		Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>					

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
P	SHOFF, ROSE MARY	6245 N. HARBOR CITY BLVD.	MELBOURNE FL 32940
V	SHOFF, ROBERT M	6245 N. HARBOR CITY BLVD.	MELBOURNE FL 32940

700002008497--9  
-11/19/96--01144--007  
\*\*\*\*375.00 \*\*\*\*375.00

8. Name and Address of Current Registered Agent

**SHOFF, ROSE MARY  
3220 W. NEW HAVEN AVE.  
WEST MELBOURNE FL 32904**

9. Name and Address of New Registered Agent

Name
Street Address (F.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City
State
Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

*[Signature]*

REGISTERED AGENT MUST SIGN

Date **10/15/96**

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information on intangible tax.)

12. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

*[Signature]* Robert Shoff  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **10/15/96**

729-8269  
Daytime Phone #

CP2820-00 (7/96)