

P99000049533

TRANSMITTAL LETTER

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

SUBJECT: Salt Harbor Financial Services, Inc.
(Proposed corporate name - must include suffix)

000002888610--9
-05/27/99--01074--004
*****87.50 *****87.50

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 of Status

☐ \$78.75
Filing Fee
& Certified Copy

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

ADDITIONAL COPY REQUIRED

FROM: STEVEN C. RHODES
Name (Printed or typed)

9174 NIAGARA RD.
Address

BROOKSVILLE, FL 34613
City, State & Zip

(352) 597-7196
Daytime Telephone number

FILED
99 MAY 27 AM 11:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

6-5-99

ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I – Name

The name of the corporation shall be: SafeHarbor Financial Services, Inc.

ARTICLE II – Principal Office

The principal place of business and mailing address of this corporation shall be: 9174 Niagara Rd., Brooksville, Florida 34613.

ARTICLE III – Shares

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: one thousand (1,000).

ARTICLE IV – Initial Registered Agent and Street Address

The name and Florida street address of the initial registered agent are: 9174 Niagara Rd., Brooksville, Florida 34613.

ARTICLE V – Incorporator

The name and address of the incorporator to these Articles of Incorporation are: Steven C. Rhodes, 9174 Niagara Rd., Brooksville, Florida 34613.


Signature/Incorporator

5-24-99
Date

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.


Signature/Registered Agent

5-24-99
Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA