

TRANSMITTAL LETTER

PP9000085890

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

000002997570--3
-09/27/99-01099-004
*****78.75 *****78.75

SUBJECT: Rhoden + Associates 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 of Status

☐ \$78.75 Filing Fee & Certified Copy
☐ \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED

FROM: H. N. Rhoden
Name (Printed or typed)
6155 S. Florida Ave. Suite 9
Address
Lakeland, Fl. 33813
City, State & Zip
863-709-1925
Daytime Telephone number

FILED
99 SEP 27 PM 4:23
DEPT. OF STATE
TALLAHASSEE, FLORIDA

Please
Respond or send
papers to

Rhoden + Assoc.
P.O. Box 5521
Lakeland, Fl.
33807

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

6/28/99

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:

Rhoden & Associates Inc.

ARTICLE II PRINCIPAL OFFICE

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

6155 S. Florida Ave. Suite 9
Lakeland, Fl. 33813

ARTICLE III SHARES

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

100

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

H.N. Rhoden
5309 Serrento Ct.
Lakeland, Fl. 33813

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

H.N. Rhoden
5309 Serrento Ct.
Lakeland, Fl. 33813


Signature/Incorporator

9/24/99
Date

(An additional article must be added if an effective date is requested.)

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

9/24/99
Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA