

P15000049904

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

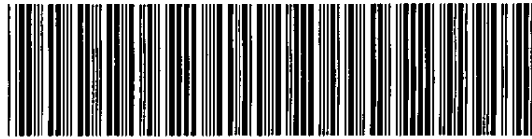
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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06/05/15--01002--013 \*\*87.50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

15 JUN -5 PM 4:12

APPROVED  
AND  
FILED

Handwritten initials

**COVER LETTER**

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

**SUBJECT:** H2Outings, 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

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input checked="" type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
<b>ADDITIONAL COPY REQUIRED</b>	

**FROM:** Sarah Elaine Huss  
Name (Printed or typed)

211 13th Street, POBox 156  
Address

Steinhatchee, FL 32359  
City, State & Zip

904-923-6731  
Daytime Telephone number

capt10e@yahoo.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)

APPROVED  
AND  
FILED

**ARTICLE I NAME**

The name of the corporation shall be: H2Outings, Inc.

15 JUN -5 PM 4: 12

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

SECRETARY OF STATE,  
MAILING ADDRESS DIFFERENT FROM  
TALLAHASSEE, FLORIDA

211 13th Street

PO Box 156

Steinhatchee, FL 32359

Steinhatchee, FL 32359

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Wholesale and retail sales of apparel

**ARTICLE IV SHARES**

The number of shares of stock is: 1,000

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Sarah Elaine Huss, President and Sec.

Name and Title: James D. Henley, Vice President

Address 211 13th Street

Address: 514 Kings Creek Circle

PO Box 156

PO Box 565

Steinhatchee, FL 32359

Steinhatchee, FL 32359

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_

APPROVAL  
AND  
FILED

Name and Title: \_\_\_\_\_ Name and Title: 15 JUN -5 PM 4:12  
Address \_\_\_\_\_ Address: SECRETARY OF STATE  
\_\_\_\_\_  
TALLAHASSEE, FLORIDA  
\_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

The **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:

Name: Sarah Elaine Huss  
Address: 211 13th Street  
Steinhatchee, FL 32359

**ARTICLE VII INCORPORATOR**

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

Name: Saraah Elaine Huss  
Address: PO Box 156  
Steinhatchee, FL 32359

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: June 1, 2015. (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business 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*

Sarah Elaine Huss  
Required Signature/Registered Agent

6-1-15  
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.*

Sarah Elaine Huss  
Required Signature/Incorporator

6-1-15  
Date