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Florida Department of State
Division of Corporations
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To: Division of Corporations
 Fax Number : (850) 617-6381

From: Account Name : FILINGS, INC.
 Account Number : 072720000101
 Phone : (850) 385-6735
 Fax Number : (954) 641-4192

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****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**FLORIDA PROFIT/NON PROFIT CORPORATION
RAWOS, INC.**

| | |
|-----------------------|---------|
| Certificate of Status | 0 |
| Certified Copy | 0 |
| Page Count | 02 |
| Estimated Charge | \$70.00 |

07/30/14

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ARTICLES OF INCORPORATION
In compliance with Chapter 617, F.S., (Not for Profit)

ARTICLE I NAME
The name of the corporation shall be: RAWOS, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address:
2101 W. Commercial Blvd.
Suite 4800
Fort Lauderdale, FL 33309

Mailing address, if different is:
2101 W. Commercial Blvd.
Suite 4800
Fort Lauderdale, FL 33309

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: Charitable Work

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed:
AS PROVIDED FOR IN THE BYLAWS

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

| | | | |
|-----------------|-------|-----------------|-------|
| Name and Title: | _____ | Name and Title: | _____ |
| Address | _____ | Address: | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| Name and Title: | _____ | Name and Title: | _____ |
| Address | _____ | Address: | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| Name and Title: | _____ | Name and Title: | _____ |
| Address | _____ | Address: | _____ |
| _____ | _____ | _____ | _____ |
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SECRETARY OF STATE
TALLAHASSEE, FL 32304

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Name and Title: _____ Name and Title: _____
 Address _____ Address: _____

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: OLESIIEWICZ & DEQUINO, P. A.
 Address: 2101 WEST COMMERCIAL BLVD., SUITE 4800
FORT LAUDERDALE, FL 33309

ARTICLE VII INCORPORATOR

The name and address of the incorporator is:

Name: FORMAN & ALTINO, P. A.
 Address: 2101 WEST COMMERCIAL BLVD., SUITE 2800
FORT LAUDERDALE, FL 33309

DEPARTMENT OF STATE
 TALLAHASSEE, FLORIDA

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Laying 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

President
 Required Signature of Registered Agent 07/28/2014
Date

I submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.135, F.S.

 Required Signature of Loan paratit: 07/28/2014
Date

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