P 0 0 000 63634

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



SUBJECT:

Raffin 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

₹3478.75

Filing Fee

& Certificate

□\$122.50

\$131.25

Filing Fee

Filing Fee,

& Certified Copy

Certified Copy

& Certificate

ADDITIONAL COPY REQUIRED

FROM: Robert Raffin	entropy of the second of the s
Name (Printed or typed)	
1051 Live Oak Avenue N.E. Address	4000033078144 -06/28/0001064001 ******78.75 *****78.75
St Pete., Florida 33703 City, State & Zip	્ય
(727) – Daytime Telephone number	

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

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:

Raffin Associates, Inc.

SECULIVES OF STATE

ARTICLE II PRINCIPAL OFFICE

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

1051 Live Oak Avenue N.E. St Pete., Florida 33703

ARTICLE III SHARES

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

1,000 shares

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Robert Raffin 1051 Live Oak Avenue N.E. St Pete., Florida 33703

ARTICLE V INCORPORATOR

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

Robert Raffin 1051 Live Oak Avenue N.E. St Pete., Florida 33703 397-14-8521

Signature/Incorporator

6.27.2000

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 or registered agent.

Signature/Registered/Agent

Date