TRANSMITTAL LETTER

# Department of State

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

SUBJECT:	R	&	R	Consolidated	Group,	Inc.
OCD DECITOR					O	

(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

\$78.75

Filing Fee

Filing Fee

& Certificate of Status

\$78.75

\$87.50

Filing Fee & Certified Copy Filing Fee, Certified Copy

& Certificate of

Status

ADDITIONAL COPY REQUIRED

Sherri Kasper-FROM:

Name (Printed or typed)

1400 Village Square Blvd., 3, #250

Address

Tallahassee, FL 32312

City, State & Zip

850-385-8181

Daytime Telephone number

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)

## ARTICLE I NAME

The name of the corporation shall be:

R & R Consolidated Group, Inc.

# PRINCIPAL OFFICE

The principal place of business/mailing address is:

1400 Village Square Blvd.,3, #250 Tallahassee, FL 32312

### **PURPOSE** ARTICLE III

The purpose for which the corporation is organized is:

Real Estate Management

### ARTICLE IV SHARES

The number of shares of stock is:

1000

# INITIAL OFFICERS/DIRECTORS (optional)

The name(s) and address(es):

# REGISTERED AGENT

The name and Florida street address of the registered agent is:

Sherri Kasper 1400 Village Square Blvd., 3, #250 Tallahassee, FL 32312

### ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Sherri Kasper 1400 Village Square Blvd.,3, #250 Tallahassee, FL 32312

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

Signature/Registered Agent