

P01000114284

APPROVED
AND
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CANTON Thomas

Requester's Name

3045. Orange Blossom Trail

Address

ORLANDO FL. 32805-407-689-1600

City/State/Zip

Phone #

01 DEC -4 AM 9:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. RTA CONSTRUCTION OF CENTRAL FLORIDA INC.
(Corporation Name) (Document #)

2. _____
(Corporation Name) (Document #)

3. _____
(Corporation Name) (Document #)

4. _____
(Corporation Name) (Document #)

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☒ Walk in

☐ Pick up time _____

☒ Certified Copy

☐ Mail out

☒ Will wait

☐ Photocopy

☐ Certificate of Status

NEW FILINGS

- ☐ Profit
- ☐ Not for Profit
- ☐ Limited Liability
- ☐ Domestication
- ☐ Other

AMENDMENTS

- ☐ Amendment
- ☐ Resignation of R.A., Officer/Director
- ☐ Change of Registered Agent
- ☐ Dissolution/Withdrawal
- ☐ Merger

400004703984--3
-12/04/01--01044--001
*****78.75 *****78.75

OTHER FILINGS

- ☐ Annual Report
- ☐ Fictitious Name

REGISTRATION/QUALIFICATION

- ☐ Foreign
- ☐ Limited Partnership
- ☐ Reinstatement
- ☐ Trademark
- ☐ Other

Examiner's Initials

Cp 12/4

ARTICLES OF INCORPORATION
FOR
R T A CONSTRUCTION OF CENTRAL FLORIDA INC.

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TALLAHASSEE, FLORIDA

ARTICLE ONE

THE NAME OF THE CORPORATION IS R T A CONSTRUCTION OF CENTRAL FLORIDA INC

ARTICLE TWO

THE PERIOD, TERM AND DURATION IS **PERPETUAL**.

ARTICLE THREE

THIS BUSINESS, IF GRANTED CORPORATE STATUS WILL COMMENCE ITS' BUSINESS AS A FULL SERVICE CONSTRUCTION COMPANY, WHEREIN, WE WILL PROVIDE CONSTRUCTION OF ALL KIND AS PROVIDED FOR BY STATUE. ALL OF THE COMPANY'S BUSINESS WILL BE CONDUCTED UNDER THE NAME OF R T A CONSTRUCTION OF CENTRAL FLORIDA INC.

ARTICLE FOUR

THE AGGREGATE NUMBER OF SHARES BY WHICH R T A CONSTRUCTION OF CENTRAL FLORIDA INC SHALL HAVE THE AUTHORITY TO ISSUE WILL BE 2,000 SHARES. EACH SHARE SHALL HAVE A PAR VALUE ON ONE DOLLAR EACH.

ARTICLE FIVE

THE CORPORATION WILL NOT COMMENCE ANY OF ITS' BUSINESS UNTIL SUCH TIME AS IT HAS RECEIVED FOR THE ISSUANCE OF SHARES AN AMOUNT IN CONSIDERATION OF THE VALUE OF TWO THOUSAND DOLLARS.

ARTICLE SIX

THE STREET ADDRESS OF ITS' INITIAL REGISTERED OFFICE IS 1006 FOREST CIRCLE WINTER SPRINGS FLORIDA 32708, THE NAME OF THE REGISTERED AGENT IS **RHONDA TORRES** WHOSE ADDRESS IS 1006 FOREST CIRCLE, ORLANDO **FLORIDA** ZIP CODE NUMBER 32708. THE PRINCIPAL PLACE OF BUSINESS IS THE SAME AS THE REGISTERED OFFICE, WHICH IS 1006 FOREST CIRCLE, ORLANDO FLORIDA 32708.

ARTICLE SEVEN

THE NUMBER OF DIRECTORS WHICH SHALL CONSTITUTE THE BOARD OF DIRECTORS ARE TWO. THE NAME AND ADDRESS OF THE PERSON WHICH WILL SERVE AS DIRECTOR IS AS FOLLOWS:

NAME

ADDRESS

RICARDO TORRES
PRESIDENT

1006 FOREST CIRCLE
WINTER SPRINGS, FLORIDA 32708

RHONDA TORRES
DIRECTOR

1006 FOREST CIRCLE
WINTER SPRINGS FLORIDA 32708

ARTICLE EIGHT

THE BOARD OF DIRECTORS SHALL HAVE THE POWER AND THE RIGHT TO DEVELOP, SET, AND OR MODIFY ITS BY-LAWS WITHOUT RESTRICTIONS OF THEIR POWERS AS CONFERRED BY STATUE.

ARTICLE NINE

THE NAME AND ADDRESS OF THE INCORPORATOR IS:

CARLTON THOMAS
304 SOUTH O.B.T.
ORLANDO, FL 32805

A handwritten signature in cursive script that reads "Carlton Thomas".

THE DUTIES AND POWERS OF THE INCORPORATOR SHALL CEASE ONCE THE BUSINESS IS GRANTED FULL CORPORATE STATUS.

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**CERTIFICATE OF DESTINATION OF REGISTERED
AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF FLORIDA SUMMITS THE FOLLOWING STATEMENTS IN DESIGNATING THE REGISTERED OFFICER/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. THE NAME OF THE CORPORATION IS:

R T A CONSTRUCTION OF CENTRAL FLORIDA INC.

THE NAME AND ADDRESS OF THE REGISTERED AGENT AND OFFICE IS:

RHONDA TORRES
(NAME)

1006 FOREST CIRCLE
(PO BOXES NOT ACCEPTABLE)

WINTER SPRINGS, FLORIDA 32708
(CITY/STATE/ZIP)

HAVING BEEN NAMED AS REGISTERED AGENT 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 PROVISION OF ALL STATUTES RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY DESIGNATION AS REGISTERED AGENT.

Rhonda Torres
SIGNATURE

DATE

11-30-2001