## P02000123235

| (Requestor's Name)                      |
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| (Address)                               |
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| (Address)                               |
|   |
| (City/State/Zip/Phone #)                |
| PICK-UP WAIT MAIL                       |
|   |
| (Business Entity Name)                  |
|   |
| (Document Number)                       |
|   |
| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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Office Use Only



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SECRETARY OF STATE ALLAHASSEE, ELORIDA

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n 11/19

## TRANSMITTAL LETTER

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

| вјест:             | hino pmerio                                | ATE NAME - MUST INCL                  | UDE SUFFLX)  |
|--------------------|--|---------------------------------------|--|
| closed are an orig | rinal and one (1) copy of the ar           | ticles of incorporation an            | d a check for:   |
| \$70.00 Filing Fee | \$78.75 Filing Fee & Certificate of Status | D \$78.75 Filing Fee & Certified Copy | \$87.50 Filing Fee, Certified Copy & Certificate of Status |
|                    | <b>a</b> •                                 | ADDITIONAL CO                         |  |
| FROM:              | Lamar B. P.                                | e (Printed or typed)                  |  |
| -                  | 157 Macqu                                  | Address                               | - · ·  |
| -                  | Harahaw                                    | , La. 70123<br>, State & Zip          |  |
| -                  | (504)                                      | 7 38 - 00 12<br>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: $RAINO$ $Amen$   | ica, In                | ) C   |                    |
| ARTICLE II PRINCIPAL OFFICE  The principal place of business/mailing address is:  356 NEILLE DA.  Santa Rosa Beach, Fl. 32459  ARTICLE III PURPOSE  The purpose for which the corporation is organized is: Sales | and Dist               | ritution  |                    |
| ARTICLE IV SHARES The number of shares of stock is: 250  |                        |   | vá., <del>vá</del> |
| ARTICLE V INITIAL OFFICERS/DIRECTORS (optional The name(s), address(es) and title(s):  | <b>山</b>               | OZ NOV 15 PM 1<br>SECRETARY OF STA<br>TALLAHASSEE, FLOV |                    |
| ARTICLE VI REGISTERED AGENT  The name and Florida street address of the registered agent is:   |                        | VGIBN<br>TATE<br>84:1                                   | -                  |
| Charles F. Plauche 356 NEILLE On, Senta Ros A. Fl. 32459 D Sawta R  ARTICLE VII INCORPORATOR  The name and address of the Incorporator is:   | osa Beac               | L, F1. 324  | 159                |
| Lamar B. Plauche<br>157 Macque Dr<br>**Herre have, Fa. 20123   |                        | -   |                    |
| **************************************   | tated corporation at t | he place designated in                                  |                    |
| Signature/Registered Agent   | <u> </u>               | 9-02<br>Date  | <u></u>            |
| Hama B Hauchs Signature/Incorporator   | 4.i - 1 - 1 - 1 - 1    | 8-01<br>Date  | -13                |
| O  | ,                      |   |                    |