# P0300121688

(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
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# TRANSMITTAL LETTER

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

SUBJECT: RON	INIE KOTCHMAN, INC	TTE NAME – <u>MUST INCL</u>	UDE SUEFIX)
	(I KOI OSED COM OK	TIB WANTED TANKED	<u> </u>
Enclosed are an orig	inal and one (1) copy of the art	icles of incorporation and	a check for:
□ \$70.00 Filing Fee	<ul><li></li></ul>	\$78.75 Filing Fee & Certified Copy  ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status  PPY REQUIRED
FROM: R	ONNIE S KOTCHMAN		
	Namo	e (Printed or typed)	
	P O BOX 7531		~,
		Address	
	SEMINOLE, FL 33775-75	31 , State & Zip	
	727-392-3425		
	Daytime	Telephone number	

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



### FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

October 17, 2003

RONNIE S. KOTCHMAN P.O. BOX 7531 SEMINOLE, FL 33775-7531

SUBJECT: RONNIE KOTCHMAN, INC

Ref. Number: W03000030238

We have received your document for RONNIE KOTCHMAN, INC and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must have a Florida street address. A post office box, personal mail box (PMB), or mail drop-box address is not acceptable.

An effective date <u>may</u> be added to the Articles of Incorporation <u>if a 2004 date is needed</u>, otherwise the date of receipt will be the file date. <u>A separate article must be added to the Articles of Incorporation for the effective date.</u>

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6884.

Letter Number: 503A00056836

Shawn Logan Document Specialist New Filings Section

Division of Cornerations - P.O. BOX 6327 - Tallahassee Florida 32314

# 03 OCT 27 PM 2: 4 SECRETARY OF STA

### 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: RONNIE KOTCHMAN, INC

### ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is: P O BOX 7531 SEMINOLE, FL 33775-7531

### ARTICLE III PURPOSE

The purpose for which the corporation is organized is: RESIDENTIAL CONSTRUCTION

### ARTICLE IV SHARES

The number of shares of stock is:

1,000

## ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

RONNIE S KOTCHMAN POBOX 7531 6473 - 11457 N. SEMINOLE, FL 33775-7531 33772

### ARTICLE VI REGISTERED AGENT

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

RONNIE S KOTCHMAN POBOX 7531 6473 - 114 ST N SEMINOLE, FL 33775-7531 33772

### ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

RONNIE S KOTCHMAN POBOX 7534 6473 - 11457 NJ. SEMINOLE, FL 33775-7634 33772

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

Rm Kotaman	10/09/2003
Signature/Registered Agent	Date
Kon Kotehnum	10/09/2003
Signature/Incorporator	Date