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SECRETARY OF STATE

12.303

TRANSMITTAL LETTER

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

SUBJECT:	THEFT + MAGE	or sw re	- 4 NC.	
	(PROPOSED CORPORA)	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)	
•				
Enclosed are an orig	inal and one (1) copy of the artic	eles of incorporation and	a check for:	
D 670.00	□ \$78.75	\$78.75	\$87.50	
\$70.00	- 1	Filing Fee	Filing Fee,	
Filing Fee	& Certificate of Status	& Certified Copy		
	be Confidence of Status	& Coramon Copy	& Certificate of	
			Status	
		ADDITIONAL CO		
	:			
ED O. C.	RADERICK D	MCIES		
FROM: RODERICK D. MCLEOD Name (Printed or typed)				
		•		
•	2419 EAST	- MALL DRI	NE	
	2419 EAST MALL DOLVE Address			
	FT MYRAS FL 33901 City, State & Zip			
	City, State & Zip			
	126 226	2/200:	٠.	
	239 - 939 - 3635 Daytime Telephone number			
	Daytime Te	elephone number		

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

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ARTICLES OF INCORPORATION	•	03 NOV 24 PM 5: 28	}
In compliance with Chapter 607 and/or Chapter	l/or Chapter 621, F.S. (Profit)	SECRETARY OF STATE	
ARTICLE I NAME		TALLAUACCER FLORINA	TNG
The name of the corporation shall be:	REFT IMACE	OF SW FLORIDA	477
ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address:	is: 2419 FAS	T MALL DR.	
	FT. MYER	5 FL 33901	1
·			
ARTICLE III PURPOSE	Aust Au	N" AIL LAWFUL	BUSINFS
The purpose for which the corporation is organ	nized is: ANY TH	B NCC PINTY	,
ARTICLE IV SHARES			
The number of shares of stock is: /00	<u> </u>	",	
ARTICLE V INITIAL OFFICERS AN	ID/OR DIRECTORS		
List name(s), address(es) and specific title(s): PRESIDENT + SECRETARY	- RUBERT	OFTRINGER	
LMEZIDAL, L DECKLING	15450	LYNN RD	
	FT. MY	ENS, PEC 33917	
ARTICLE VI REGISTERED AGE			
The <u>name and Florida street address</u> of the re RODERICK D. MUFOD	gistered agent is:	•	
2419 FAST MALL DR		,	
FT. MYFAS, FL 33901		• ·	
ARTICLE VII INCORPORATOR	•		
The <u>name and address</u> of the Incorporator is:	ROBERT OFT 15450 LYNN	- RINGER	
	FT MYENS, 1	=6 33817	>
	i e komono		
***********		**********	
Having been named as registered agent to accept service certificate, I am familiar with and accept the appointmen			ignated in this
R. L. Dmc P. S.		11-1 03	
Signature/Registered Agent	- Control - Cont	11-6-03 Date	
10 10 D			
Westernal VETHINAMY		11-6-63	
Signature/Incorporator		Date	
•			