## P04000011956

(Re	equestor's Name)	
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PICK-UP	WAIT	MAIL
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(BL	isiness Entity Name)	
(Do	ocument Number)	
Certified Copies	Certificates of	Status
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Special Instructions to	Filing Officer:	1
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MARKETEN

SECRETARY OF STATE

0116-04

## TRANSMITTAL LETTER

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

l are an origi	inal and one (1) copy of the ar	ticles of incorporation and	l a check for:
\$70.00	\$78.75	□ \$78.75	<b>X</b> ,\$87.50
iling Fee	Filing Fee	Filing Fee	Filing Fee,
_	& Certificate of Status	& Certified Copy	Certified Copy
			& Certificate of
		I DOMESTIC CO	Status
		ADDITIONAL CO	PY REQUIRED
FROM:	ROSERT S	RIVER	A
	man.	e (Printed or typed)	
_	8717 SM	DE WH	1
-	PORT RC	Address  () Z  () State & Zip	1346
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NOTE: Please provide the original and one copy of the articles.



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

January 15, 2004

ROBERT RIVERA 8712 SABAL WAY PORT RICHEY, FL 34668

SUBJECT: R-N-R STUCCO, INC. Ref. Number: W04000002174

We have received your document for R-N-R STUCCO, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

## Adding "of Florida" or "Florida" to the end of a name is not acceptable.

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) 245-6928.

Letter Number: 004A00002982

Tim Burch Document Specialist New Filings Section

ARTICLE I NAME The name of the corporation shall be:	7 <del>-</del> -
R-N-R STUCCO, # \$ 510WE INC	
ARTICLE II PRINCIPAL OFFICE  The principal place of business/mailing address is:  8712 SABAL WAY  PORT RICHLY FL 34668  ARTICLE III PURPOSE  The purpose for which the corporation is organized is:  PLO FESSI OWAL CORPORATION	1.7
ARTICLE IV SHARES The number of shares of stock is:	
100	
List name(s), address(es) and specific title(s):  Robert Rivera 8712 SABAL WAY Port Richey FL 34668 1  NAME RIVERA 5712 SEBAL WAY BUT THEY FL 34668 VIC	Presion read e Bes
ARTICLE VI REGISTERED AGENT	
The name and Florida street address of the registered agent is:  ROBERT RIVERA  8712 SABAL WAY  Port Richey FL 34668	: <del></del>
ARTICLE VII INCORPORATOR The name and address of the Incorporator is:	
Robert Rivera 8712 SABAL WAY	_
Port Richey FL 34668	٠
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  Date	**
Signature/Incorporator 1-5-04 Date	

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)