

P04000037904

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

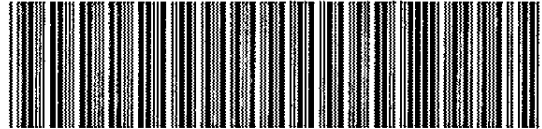
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



000028922220

02/19/04--01030--006 **78.75

FILED
04 MAR -1 PM 1:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

12/1

✓

W04-742-
2/21

TRANSMITTAL LETTER

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

SUBJECT: Rosa Color Drive, Inc.

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: Robert Rosa

Name (Printed or typed)

P.O. Box 861075

Address

St. Augustine, FL 38086

City, State & Zip

904-337-3307

Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

February 20, 2004

ROBERT ROSA
P.O. BOX 861075
ST. AUGUSTINE, FL 38086

SUBJECT: ROSA COLOR DRIVE, INC.
Ref. Number: W04000007427

We have received your document for ROSA COLOR DRIVE, 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 document must state the number of shares of authorized stock.

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) 245-6878.

Alan Crum
Document Specialist
New Filings Section

Letter Number: 104A00011846

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:

Rosa Color Drive, Inc

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

P.O. Box 861075
St. Augustine, FL 32086

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Profit

ARTICLE IV SHARES

The number of shares of stock is:

1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Robert Rosa, owner
P.O. Box 861075
St. Augustine, FL 32086

ARTICLE VI REGISTERED AGENT

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

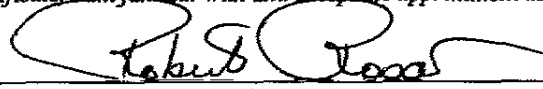
Robert Rosa
2250 Moultrie Rd. #13
St. Augustine, FL 32086

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Robert Rosa
P.O. Box 861075
St. Augustine, FL 32086

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



Signature/Incorporator

2/26/04
Date

2/26/04
Date

FILED
04 MAR - 1 PM 1:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA