

P04000126967

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

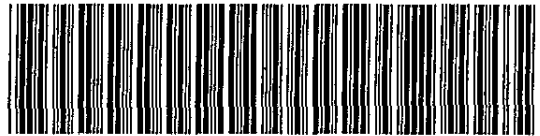
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100040631441

09/03/04--01013--004 **70.00

FILED
04 SEP -3 PM 12:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

09-3-04

TRANSMITTAL LETTER

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

SUBJECT: Raiz Financial Corp
(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: Ray Hinton
Name (Printed or typed)

818 Pine Street
Address

Tarpon Springs, Florida 34689
City, State & Zip

327-460-2105
Daytime 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:

Raiz Financial Corp

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

818 Pine St. Tarpon Springs, Fl. 34689

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Any and all legal business

ARTICLE IV SHARES

The number of shares of stock is:

1,000,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Ray Hinton - 818 Pine St. Tarpon Springs, Fl 34689 President

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Ray Hinton
818 Pine St.
Tarpon Springs, Fl. 34689

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Ray Hinton
818 Pine St.
Tarpon Springs, Fl. 34689

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

9/30/04

Date



Signature/Incorporator

9/30/04

Date

FILED
04 SEP -3 PM 12: 37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA