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TRANSMITTAL LETTER

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

UBJECT: (TEX PROPOS)	ED CORPORAT	P.M. ENAME – <u>MUST INCL</u>	UDESUFFIX
Enclosed are an original and one (1) c	opy of the artic	les of incorporation and	a check for:
\$70.00 \$78.75 Filing Fee & Certificate of	of Status ·	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of Status
	į	ADDITIONAL CO	1 1 REQUIRED
FROM: RICK LO	ACONO Name (1	Printed or typed)	and the second of the second
2887		orest De	· · ·
Largo,	FL 3:	377 D	
727-5	87-7	ephone number	

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

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)	1 1 L. L. L.	
ARTICLE I NAME The name of the corporation shall be:	04 OCT 22 PM 3: 35 SECRETARY OF STATE	
RICK LOIACOND, P.A.	TALLAHASSEE FLORIDA	
ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is:	* • • • • • • • • • • • • • • • • • • •	
2887 Bel Forest De Lergo.	FL 33770	
ARTICLE III PURPOSE The purpose for which the corporation is organized is:		
Rulestate Sales		
ARTICLE IV SHARES The number of shares of stock is:		
ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS List name(s), address(es) and specific title(s):		
RICK LOIALOND, Pres 2887 Bel Forest DR		
L2rq0, FL, 33770 ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of the region Rick LoiAcono 2887 Bel Forest De Largo, FL 33770	istered agent is:	
ARTICLE VII INCORPORATOR The name and address of the Incorporator is: RICLE LO (A COND 2887 BR FORST DR L379D FL 3377D	**************************************	
Having been named as registered agent to accept service of process for the above stated co-certificate, I am familiar with and accept the appointment as registered agent and agree to a		
Signature/Registered Agent	Date	
Signature Incorporator	Date	

FILED

ARTICLES OF INCORPORATION