

POS000147291

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

(Business Entity Name)

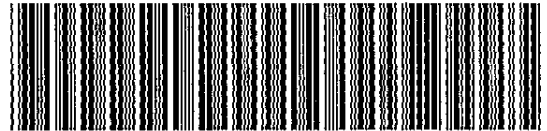
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only

T.S. MALSON GAVE  
AUTHORIZATION BY PHONE TO  
CORRECT NAME OF CORP.  
DATE 11-3-05  
DOC. EXAM C. BLANK



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05 NOV -3 PM 2:57  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

COVER LETTER

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

SUBJECT: REMAYS REAL ESTATE SERVICES CORPORATION  
(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  
Filing Fee

\$78.75  
Filing Fee  
& Certificate of Status

\$78.75  
Filing Fee  
& Certified Copy

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

ADDITIONAL COPY REQUIRED

FROM: T. S. Madson II  
Name (Printed or typed)

Post Office Box 1041  
Address

Douglas, GA 31534  
City, State & Zip

(912) 383-6719  
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)

FILED

**ARTICLE I NAME**

The name of the corporation shall be:

REMAPS REAL ESTATE SERVICES CORPORATION

05 NOV -3 PM 2:57

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

1705 NW 57th Street  
Gainesville, FL 32605

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Professional Services, Real Estate Information  
Sales, and Consulting

**ARTICLE IV SHARES**

The number of shares of stock is:

100,000 shares of Class "A" Common

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

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

T.S. Madson II  
1705 NW 57th St.  
Gainesville, FL 32605  
Vice Pres., Secretary, Treasurer  
and Director

Benjamin Paul Blackburn  
Post Office Box 259  
Alford, FL 32420  
President and Director

**ARTICLE VI REGISTERED AGENT**

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

T.S. Madson II  
1705 NW 57th Street  
Gainesville, FL 32605



**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

T.S. Madson II  
1705 NW 57th Street  
Gainesville, FL 32605

\*\*\*\*\*

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

11/2/05  
\_\_\_\_\_  
Date  
11/2/05  
\_\_\_\_\_  
Date