P06000108a5/

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(City/Obste/Zipir-Hotte #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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D. WHITE AUG 18 2006

COVER LETTER

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

SUBJECT:		thews 1	4ssociA
	(PROPOSED CORPORA	TE NAME – <u>MUST INČL</u>	UDE SUFFIX)
Enclosed are an orig	ginal and one (1) copy of the arti	cles of incorporation and	a check for:
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	S78.75 Filing Fee & Certified Copy ADDITIONAL CO	S87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED
FROM:		MAThew (Printed or typed)	_
	/.	State & Zip 2 - 40 99 elephone number	804

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



August 11, 2006

KEN MATHEWS 853 GREENS AVE ORLANDO, FL 32804

SUBJECT: R.K. MATHEWS ASSOCIATES

Ref. Number: W06000035519

We have received your document for R.K. MATHEWS ASSOCIATES and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

UNABLE TO CONTACT YOU DIRECTLY BY TELEPHONE.

The corporate name must contain a suffix that will clearly indicate that it is a corporation. Such suffixes include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

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) 245-6933.

Dale White Document Specialist New Filing Section

Letter Number: 406A00049973

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: Description of the corporation shall be: Description of the corporation shall be: Description of the corporation shall be:	l: 10
The hame of the corporation sharp be. R. K. Mayhews, Inc.	- 10
R. K. MAYLOWS, INC. IALLAHASSEE, FLO	ATE
ARTICLE II PRINCIPAL OFFICE	MUA
The principal place of business/mailing address is:	
The principal place of business/mailing address is: 853 GREENS AVE.	
Or 1 muso, 7/a. 32804	
ARTICLE III PURPOSE	
The man of family the same at	*
The purpose for which the corporation is organized is: [Insurance Business]	-
ARTICLE IV SHARES	
The number of shares of stock is:	
100	
ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS List name(s), address(es) and specific title(s):	`
Pices ibe	2/1/4
List name(s), address(es) and specific title(s): Robert K. Illathows Preside	
853 GIRPENS 19VE.	-
ER/19140, 71a. 37804	
ARTICLE VI REGISTERED AGENT	
The <u>name and Florida street address</u> (P.O. Box NOT acceptable) of the registered agent is:	
Robert to K. MAThews	
853 GREENS AVE.	
O12/ANDO, 71a. 32804	
ARTICLE VII INCORPORATOR	
The <u>name and address</u> of the Incorporator is:	
Robert K. MAThews	
853 GIREENS AVE.	
853 GIECNS AVE. 017/14100 Pla. 32804 ***********************************	-
· · · · · · · · · · · · · · · · · · ·	
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	
V 4. // -//	
New Markens 8-16-06	
// Signature/Registered Agent Robert 1. Mathews Date	
Signature/Registered Agent Robors 1. Marthews Date Lew Marheurs 8-16-06	
Signature/Incorporator Date	
Robert K. MAthews	
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