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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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SECULIARY OF STATE A

# **COVER LETTER**

Department of State **Division of Corporations** P. O. Box 6327 Tallahassee, FL 32314 SUBJECT: Resort Referrals, Incorporated (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX) Enclosed are an original and one (1) copy of the articles of incorporation and a check for: \$87.50 \$78.75 \$70.00 **√** \$78.75 Filing Fee. Filing Fee Filing Fee Filing Fee & Certified Copy Certified Copy & Certificate of Status & Certificate of Status ADDITIONAL COPY REQUIRED Helen Townsend Spohrer FROM: Name (Printed or typed) 71 Market Street, Suite 2

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

Address

City, State & Zip

Daytime Telephone number

Apalachicola, Florida 32320

850-670-549

# 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:

Resort Referrals, Incorporated Inc.

# ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

71 Market Street, Suite 2 Apalachicola, Florida 32320

# ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Real Estate Brokerage

### ARTICLE IV SHARES

The number of shares of stock is:

100

## INITIAL OFFICERS AND/OR DIRECTORS ARTICLE V

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

Helen Townsend Spohrer, President, Treasurer 71 Market Street, Suite 2 Apalachicola, Florida 32320

Rose A. Drye, Vice President, Secretary 564 West Pine Avenue St. George Island, Florida 32328

# REGISTERED AGENT ARTICLE VI

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

Helen Townsend Spohrer 71 Market Street, Suite 2 Apalachicola, FL 32320

### ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Helen Townsend Spohrer 71 Market Street, Suite 2 Apalachicola, FL 32320

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

gistered Agent Throsend Spake 10-4-0 6 Date

Signature/Incorporator

SECRETARY OF STATE