

P06000/39723

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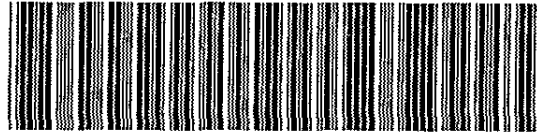
(Business Entity Name)

(Document Number)

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06 NOV -6 AM 11:48
CLERK OF STATE
TALLAHASSEE, FLORIDA

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D. WHITE NOV -6 2006

TRANSMITTAL LETTER

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

SUBJECT: RALA ENTERPRISES, INC.
(Proposed corporate name - must include suffix)

Enclosed is an original and one(1) copy of the articles of incorporation and a check for :

☐ \$70.00
Filing Fee

☒ \$78.75
Filing Fee
& Certificate

☐ \$122.50
Filing Fee
& Certified Copy

☐ \$131.25
Filing Fee,
Certified Copy
& Certificate

ADDITIONAL COPY REQUIRED

FROM: JAMES SIMPSON
Name (Printed or typed)

771 SW South MACEDO Blvd
Address

Port St. Lucie, Florida 34983
City, State & Zip

(561) 873-1818
Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 30, 2006

JAMES SIMPSON
771 SW SOUTH MACEDO BLVD
PORT ST LUCIE, FL 34983

SUBJECT: RALA ENTERPRISES, INC.
Ref. Number: W06000047520

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

Florida law requires the street address of the principal office and, if different the mailing address of the entity. A post office box is not acceptable for the principal office.

The registered agent must have a Florida street address. A post office box, personal mail box (PMB), or mail drop-box address is not acceptable.

An effective date may be added to the Articles of Incorporation **if a 2007 date is needed**, otherwise the date of receipt will be the file date. **A separate article must be added to the Articles of Incorporation for the effective date.**

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: 706A00064205

ARTICLES OF INCORPORATION

**OF
RALA ENTERPRISES, INC.**

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

.....
The undersigned Incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I. NAME

The name of this corporation shall be:

RALA ENTERPRISES, INC..

814 DAYMAN AVE

FORT PIERCE, FLORIDA 34950

ARTICLE II. INITIAL REGISTERED OFFICE AND MAILING ADDRESS

The street address of the initial registered office of this corporation is P. O. BOX 7629, PORT ST. LUCIE, FLORIDA 34985

ARTICLE III. CAPITALIZATION

The aggregate number of shares which the corporation is authorized to issue is 1,000. Such shares shall be of a single class, and shall have a par value of \$1.00 per share.

ARTICLE IV. INITIAL REGISTERED AGENT

The name and address of the initial registered agent is:

ALBERT PIGOZZI

814 DAYMAN AVE

FORT PIERCE, FLORIDA 34950

ARTICLE V. INCORPORATOR

The name and address of the Incorporator to these Articles of Incorporation are:

LAURIE PIGOZZI

814 DAYMAN AVE

FORT PIERCE, FLORIDA 34950

Laurie Pigozzi
Signature/Incorporator

11 Oct 2006
Date

ARTICLE VI. INITIAL BOARD OF DIRECTORS

This Corporation shall have the following Directors initially. The number of directors may be either increased or decrease from time to time in accordance with the provisions of the By-Laws. The name and address of the initial Directors of this Corporation are:

President - Laurie Pigozzi
814 DAYMAN AVE
FOOT PIERCE, Florida 34950

Vice President - Albert Pigozzi
814 DAYMAN AVE
FOOT PIERCE, Florida 34950

Having been named as the registered agent and to accept service for the above stated corporation at the place designated in this certificate. I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.



Signature/Registered Agent

11 Oct 2006

Date

STATE OF FLORIDA COUNTY OF ST. LUCIE

The foregoing instrument was acknowledged before me this 11th day of October 2006 by Laurie Pigozzi, who is personally known to me or who has produced a Florida State Drivers License as identification and who did not take an oath.


Print Name: JAMES C. SIMPSON
NOTARY

NOTARY PUBLIC-STATE OF FLORIDA
James C. Simpson
Commission # DD579964
Expires: SEP 13, 2010
BONDED THRU ATLANTIC BONDING CO., INC.

FILED
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CLERK OF STATE
TALLAHASSEE, FLORIDA