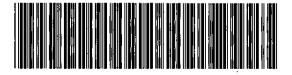
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	(Requestor's Name)
	(Address)
	(Address)
	(City/State/Zip/Phone #)
PICK-UF	WAIT MAIL
	(Business Entity Name)
	(Document Number)
Certified Copies	/ Certificates of Status/
Special Instructions	to Filing Officer:

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HEAT

COVER LETTER

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

SUBJECT:	evels Approiso (PROPOSED CORPORA	1 Services	Ina.
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	inal and one (1) copy of the arti	cles of incorporation and	a check for:
\$70.00	\$78.75	\$78.75	\$87.50
Filing Fee	Filing Fee	Filing Fee	Filing Fee,
	& Certificate of Status	& Certified Copy	Certified Copy & Certificate of
			Status
		ADDITIONAL CO	PY REQUIRED
FROM:	<u>Karla Re</u>	vo.ls	
FROM	Name	(Printed or typed)	
	71 6/00/	lak Cimba	
	71 Shadow C	Address	· · · · · · · · · · · · · · · · · · ·
	0		
	Crawfordville,	Fl 32327	
	Clty,	State & Zip	
•	950 529-1-201		
	850 - 528 - 620 Daytime T	elephone 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)
ARTICLE II NAME The name of the corporation shall be: Revels Appraisal Services, Inc. Alanger 828 ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: TI Shadow Oak Circle, Crawfordville, F1 3232 F04 ARTICLE III PURPOSE
ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: 71 Shadow Oak Circle, Crawfordville, Fl 3232700
ARTICLE III PURPOSE The purpose for which the corporation is organized is: Any and all lawful business.
ARTICLE IV SHARES The number of shares of stock is: One share is sued to Karla Revels Provident
ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS Karla Revels-71 Shadow Oak (List name(s), address(es) and specific title(s): Karlos Revels, P.O. Box 1137, Woodville, Fl 32362 - Director Jessie Revels, P.O. Box 1137, Woodville, Fl 32362 - Director
ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: Karla Revels 11 Shadow Cak Circle Crawfordville, Fl 32327 ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Karla Revels 11 Shadow Oak Circle Crawfordville, Fl 32327
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 A
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