

20700 0070112

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

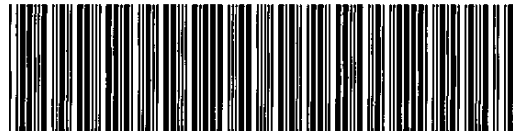
(Business Entity Name)

(Document Number)

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

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DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

FILED  
07 JUN 15 PM 4:37  
DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

J. Shivers JUN 18 2007

COVER LETTER

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

SUBJECT: ROA GROUP INC  
(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: KEARVEL S. Cox  
Name (Printed or typed)  
259 Mulberry ST  
Address  
JACKSONVILLE, FLORIDA  
City, State & Zip  
(904) 327-1814  
Daytime Telephone number

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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FILED

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 I NAME

The name of the corporation shall be:

ROA GROUP INC

## ARTICLE II PRINCIPAL OFFICE

The principal place of business/ mailing address is:

259 Mulberry St  
JACKSONVILLE FL 32208

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

FOR PROFIT ANY AND ALL LAWFUL BUSINESS.

## ARTICLE IV SHARES

The number of shares of stock is:

5000

## ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

LEMUEL S COX 259 Mulberry St  
President JAX FL 32208  
Suite A

## ARTICLE VI REGISTERED AGENT

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

LEMUEL S COX 259 Mulberry St  
JAX, FL 32208  
Suite A

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

LEMUEL S COX  
259 Mulberry St JAX, FL 32208 Suite A

\*\*\*\*\*  
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

Date

Date

6/15/07

6/15/07

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TALLAHASSEE, FLORIDA