POSODO 18873

| (Re | equestor's Name) | | | |
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| (Cit | ty/State/Zip/Phone | : #) . | | |
| PICK-UP | ☐ WAIT | MAIL | | |
| (Bu | isiness Entity Nam | ne) | | |
| (Document Number) | | | | |
| Certified Copies | _ Certificates | of Status | | |
| Special Instructions to Filing Officer: | | | | |
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Office Use Only

W08000005494

EP 2/21/08

COVER LETTER

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

| SUBJECT: KA-I | noorporatoa == | 111/4 7/100 | 1 |
|----------------------|-----------------------------------|-----------------------------|---------------------------------|
| | (PROPOSED CORPORA | ATE NAME – <u>MUST INCL</u> | <u>UDE SUFFIX</u>) |
| | | | |
| | | | |
| Enclosed are an orig | rinal and one (1) copy of the art | ticles of incorporation and | l a check for: |
| □ \$70.00 | 2 \$78.75 | \$78.75 | \$87.50 |
| Filing Fee | Filing Fee | Filing Fee | Filing Fee, |
| J | & Certificate of Status | & Certified Copy | Certified Copy & Certificate of |
| | | ADDITIONAL CO | Status PY REQUIRED |
| | | , | |
| FROM: M | arcia L. Taliaferro | e (Printed or typed) | |
| • | 149111 | e (Finited of typed) | |
| · | 5321 Touraine Driv | /e | |
| | | Address | |
| | Tallahassee, FL 32 | | |
| | City | , State & Zip | |
| | 850-878-3333 | | |
| • | | Telephone number | |

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



RECEIVED 08 FEB 21 AM 8: 00

FLORIDA DEPARTMENT OF STATEON OF CORPORATIONS Division of Corporations

January 31, 2008

MARCIA L. TALIAFERRO 5321 TOURAINE DRIVE TALLAHASSEE, FL 32308

SUBJECT: RA INCORPORATED Ref. Number: W08000005494

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

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

Please return the corrected 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) 245-6062.

Eula Peterson Regulatory Specialist II New Filing Section

Letter Number: 208A00006725

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:

LMRA Incorporated

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is: 5321 Touraine Drive Tallahassee, FL 32308

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To engage in any activity or business permitted under laws of the United States and under the laws of the State of Florida or any other state.

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):

SECRETARY OF STATIONS
DIVISION OF CORPORATIONS
ON FEB 21 PM 3: 09

ARTICLE VI REGISTERED AGENT

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

Marcia L. Taliaferro 5321 Touraine Drive Taliahassee, FL 32308

ARTICLE VII INCORPORATOR

The <u>name and address</u> of the Incorporator is: Marcia L. Taliaferro 5321 Touraine Drive Tallahassee, FL 32308

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

Date

DIVISION OF CORPORATIONS
ON FEB 21 PM 3: 09