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

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APR 25 2008 **D.** A. WHITE

. COVER LETTER

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

SUBJECT:	Rincon RTO	Realty, Inc	· •
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	<u>ude suffix</u>)
Enclosed are an orig	rinal and one (1) copy of the artic	cles of incorporation and	a check for:
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	Certified Copy & Certificate of Status
FROM:	John W. Gilm	たべと (Printed or typed)	
	PO Box 512		
	Jacksonville Be	State & Zip	240
904 673 - 093 2 Daytime Telephone 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)	## EB
	FILED
ARTICLE I NAME	
The name of the corporation shall be:	2008 APR 25 P 1: 08
Rincon RTO Really, Inc.	Luga Mili Dang
140000 10 1 14 14 1 1 14 2.	SECRETARY OF STATE TALLAHASSEE, FLORIDA
ARTICLE II PRINCIPAL OFFICE	TALLAHASSEE
The principal street address and mailing address, if different is:	
	· · ·
221 Nordh Arclington Rd., Jacksonville, FL	32211
ARTICLE III PURPOSE	
The purpose for which the corporation is organized is:	
All lower espects of real astate manage	
HII ISMONI despects of Leas required monede	ment and sales
ARTICLE IV SHARES	1 1100 5216 5
The number of shares of stock is:	
\0,000	
10,000	
ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS	
List name(s), address(es) and specific title(s):	
Deborah Lynch, 5131 Rogers Trail, Macches	. (B) 37NL3 D .1
Table by City To To To To The Tole CIE	and the saces it wester
John W. Gilmer, PO Box STabl, Jacksonville	BEACH, FL MEN32240, VILLE
	Praside
	Treside
ARTICLE VI REGISTERED AGENT	N. A A. a. a. a. A. Sau
The name and Florida street address (P.O. Box NOT acceptable) of the r	egistered agent is:
John W. Cilmer	
103 8th Avenue North	
Jacksonville, FL 32250	
ARTICLE VII INCORPORATOR	
The name and address of the Incorporator is:	
John W. Gilman	
PO Box 51261	
Jacksonville BEACH, FL 32240	
***************	*********
Having been named as registered agent to accept service of process for the above state	ed corporation at the place designated in this
certificate, I am familiar with and accept the appointment as registered agent and agree t	
	N lost
() U. ('\)	7119/2008
Signature/Registered Agent	Date
OR W. C.D.	11/19/2008
Signature/Incorporator	Date