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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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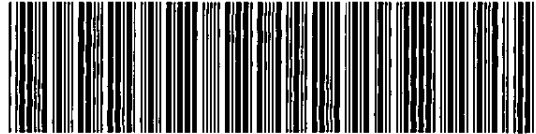
(Business Entity Name)

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Certified Copies _____ Certificates of Status _____

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2009 FEB 13 PM 12:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Shivers FEB 16 2009

COVER LETTER

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

SUBJECT: RECESSION REBELLION, 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: MICHAEL L. MONROE
Name (Printed or typed)

11901 S. HWY 441
Address

Belleview, FLA 34420
City, State & Zip

352-245-3111
Daytime Telephone number

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TALLAHASSEE, FLORIDA

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:

RECESSION REBELLION, INC.

ARTICLE II PRINCIPAL OFFICE

The principal street address and mailing address, if different is:

11901 S. Hwy 441 Belleview, FL 34420

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

MARKETING

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):

Michael L. MONROE 543 SE. 21 LN Ocala, FLA 34471 Pres./TREAS
Tonya D. MONROE 543 SE. 21 LN Ocala, FLA 34471 VP/SEC.

ARTICLE VI REGISTERED AGENT

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

Michael L. MONROE 543 SE. 21 LN Ocala, FLA. 34471

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Michael L. MONROE 543 SE. 21 LN. Ocala, FLA. 34471

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

Michael L. MONROE

Signature/Registered Agent

2/11/2009

Date

Michael L. MONROE

Signature/Incorporator

2/11/2009

Date

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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