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(Re	equestor's Name)	_	
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2009 JUL 31 AM II: 55

SECRETARY OF STATE
ALLAHASSEE, FINDRIE.

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# **COVER LETTER**

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

SUBJECT:	Red Fox Ventures, In			_
	(PROPOSED CORPOR	ATE NAME – <u>MUST INCI</u>	LUDE SUFFIX)	
Enclosed are an orig	inal and one (1) copy of the ar	ticles of incorporation and	l a check for:	
\$70.00 Filing Fee	☑ \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy  ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status DPY REQUIRED	
FROM:		ol A. Handspiker le (Printed or typed)	TALLAHASSE	2009 JUL 31
	325 Ridgewood St. Address		(71	
	Altamonte Cir	e Springs, FL 32701 ty, State & Zip	DA DA	7
	407-574-8163  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)

#### ARTICLE I NAME

The name of the corporation shall be:

Red Fox Ventures, Inc.

#### ARTICLE II PRINCIPAL OFFICE

The principal <u>street</u> address and mailing address, if different is:

325 Ridgewood St., Altamonte Springs, FL 32701

#### ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

The purpose of the corporation is to conduct any lawful purpose or purposes.

#### 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):

Carol A. Handspiker - 325 Ridgewood St., Altamonte Springs, FL 32701. President

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

## ARTICLE VI REGISTERED AGENT

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

Corporation Service Company - 1201 Hays Street, Tallahassee, FL 32301

#### ARTICLE VII INCORPORATOR

The <u>name and address</u> of the Incorporator is: Carol A. Handspiker - 325 Ridgewood St., Altamonte Springs, FL 32701

*************	**********
Having been named as registered agent to accept service of process for th certificate, I am familiar with and accept the appointment as registered agen	e above stated corporation at the place designated in this t and agree to act in this cappicity
de C	7/21/09
Signature/Registered Agent	Date
Signature/Incorporator	7 - 2 & - 0 9 Date