P090000093156

(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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FLORIDA DEPARTMENT OF STATE PARIMENT OF STATE Division of Corporations Division of Corporations TAI LAHASSEE, FLORIDA

September 1, 2009

WALTER W OAKDEN 4612 CLUB DRIVE #202 PORT CHARLOTTE, FL 33953-6605

SUBJECT: REALISTIC ASSOCIATES INC

Ref. Number: W09000039464

We have received your document for REALISTIC ASSOCIATES INC and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The Florida Statutes require an entity to designate a street address for its principal office address. A post office box is not acceptable for the principal office address. The entity may, however, designate a separate mailing address. The mailing address may be a post office box.

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.

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Eula Peterson Regulatory Specialist II New Filing Section

Letter Number: 609A00029333

Division of Comparations D.O. DOV 6997 Tollahassas Florida 9991

COVER LETTER

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

Enclosed are an original and one (1) copy of the articles of incorporation and a check for: \$70.00	SUBJECT:	REALISTIC ASSOCIATES INC.				
Filing Fee & Certificate of Status Filing Fee & Certified Copy Certified Co & Certificate Status ADDITIONAL COPY REQUIRE FROM: WALTER W OAKDEN Name (Printed or typed) 4612 CLUB DRIVE # 202 Address PORT CHARLOTTE FL 33953-6605 City, State & Zip 847-274-3149	(PROPOSED CORPORATE NAME – <u>MUST INCLUDE SUFFI</u>					
Filing Fee & Certificate of Status Filing Fee & Certified Copy Certified Co & Certificate Status ADDITIONAL COPY REQUIRE FROM: WALTER W OAKDEN Name (Printed or typed) 4612 CLUB DRIVE # 202 Address PORT CHARLOTTE FL 33953-6605 City, State & Zip 847-274-3149	Enclosed are an orig	inal and one (1) copy of the	articles of incorporation and	a check for:		
FROM: WALTER W OAKDEN Name (Printed or typed) 4612 CLUB DRIVE # 202 Address PORT CHARLOTTE FL 33953-6605 City, State & Zip 847-274-3149		Filing Fee	Filing Fee & Certified Copy	Filing Fee, Certified Copy & Certificate of Status		
Name (Printed or typed) 4612 CLUB DRIVE # 202 Address PORT CHARLOTTE FL 33953-6605 City, State & Zip 847-274-3149			ADDITIONAL CO	ADDITIONAL COPY REQUIRED		
Address PORT CHARLOTTE FL 33953-6605 City, State & Zip 847-274-3149	FROM:					
PORT CHARLOTTE FL 33953-6605 City, State & Zip 847-274-3149						
City, State & Zip 847-274-3149		Address				
847-274-3149						
		•	City, State & Zip			
Daytine Telephone manoer						
E-mail address: (to be used for future annual report notification)				otification)		

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: REALISTIC ASSOCIATES INC

ARTICLE II PRINCIPAL OFFICE

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

46/2 CLUB DRIVE #202

PORT CHARLOTTE, FL 33953

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ANY LAWFUL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is:

1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

WALTER W OAKDEN, PRES

4612 CLUB DRIVE #202

PORT CHARLOTTE FL 33953-6605

ARTICLE VI REGISTERED AGENT

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

WALTER W. OAKDEN

4612 CLUB DRIVE #202

PORT CHARLOTTE FL 33953-6605

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

STEVEN G FROEHLICH

1350 REMINGTON RD #V

SCHAUMBURG IL 60173

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