P100000081417

(Requestor's Name)	-				
(Address)					
(Address)	-				
(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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MRD 10/6 10 OCT -4 PH 1:38
SECRETARY OF STATE
SALLAHASSEE FLORIDA

COVER LETTER

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

	and Wood Inc.
(PROPOSED CORPORAT	FE NAME - MUST INCLUDE SUFFIX)
Enclosed are an original and one (1) copy of the artic	cles of incorporation and a check for:
\$70.00 \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED
FROM: a Lee Ritte	(Printed or typed)
a 1427 SE 25 [±]	M TErrace
a Cape Coral	F 33904 State & Zip

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

E-mail address: (to be used for future annual report notification)

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NA The name of the corpor	AMTE ration shall be: RR Carpet and	d Wood In	C.		
	Principal street address 27 SE 25 th Terrace Spe Coral F1 33904		Idress, if different is:		
The purpose for which	RPOSE h the corporation is organized is: FOF F	loor coveri	ng installation		
The number of shares			SECRETAL PALLAHAA		
Name and Title: Address:	TTIAL OFFICERS AND/OR DIRECTORS Lee Ritter - fresident 1427 SE 25th Terrace Cape Coral, FI 33904	Name and Title:Address:	SEE S IN SO		
Name and Title: Address:	Justin Rifter - Officer 1427 SE 25th Terrace Cape Coral Fl 33904	Name and Title:Address:			
Name and Title: Address:		Name and Title:Address:			
***************************************	COISTERED AGENT	La constitución de la constitución			
Name:	a <u>street address</u> (P.O. Box NOT acceptable) of t	ne registered agent is:			
Address:	Cape Coral, FI 33904				
	CORPORATOR				
The <u>name and addres</u> Name: Address:	e of the Incorporator is: Lee Ritter 1427 SE 25th Terrace Cape Coral, FI 33904				
Having been named a this certificate, I am fa	is registered agent to accept service of process imiliar with and accept the appointment as regis	for the above stated corpo tered agent and agree to a	ration at the place designated in ct in this capacity		
de/S	Required Signature/Registered Agent	· · · · · · · · · · · · · · · · · · ·			
I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.					
Lee /	the II		10-1-16		
	Required Signature/incorporator		Date		