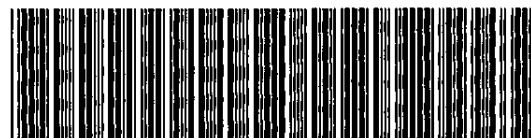


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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

01-52-01
2010

COVER LETTER

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

SUBJECT: Roger Anderson 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: Roger E Anderson

Name (Printed or typed)

2119 N.E. 1st Ter

Address

Cape Coral FL 33909

City, State & Zip

904-497-2161

Daytime Telephone number

Helosrule@aol.com

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

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 Roger E Anderson Inc
The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE
Principal street address
2119 NE 1st Ter
Cape Coral FL 33909

Mailing address, if different is:

ARTICLE III PURPOSE
The purpose for which the corporation is organized is:
ANY AND ALL LAWFUL BUSINESS

ARTICLE IV SHARES
The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Roger E Anderson
Address: 2119 NE 1st TER
Cape Coral FL 33909

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: Roger E Anderson
Address: 2119 NE 1st Ter
Cape Coral FL 33909

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Roger E Anderson
Address: 2119 NE 1st Ter
Cape Coral FL 33909

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

Roger E Anderson
Required Signature/Registered Agent

17 OCT 2010
Date

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.

Roger E Anderson
Required Signature/Incorporator

17 OCT 2010
Date

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TALLAHASSEE, FLORIDA