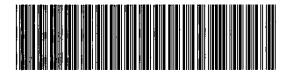
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(Red	questor's Name)			
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PICK-UP	☐ WAIT	MAIL		
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Certified Copies	Certificates	of Status		
Special Instructions to Filing Officer:				
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## **COVER LETTER**

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

SUBJECT: RUFUS ON TIME,	INC.
(PROPOSED CORPO	RATE 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 & Certificate of Status	\$78.75 \$87.50 Filing Fee & Certified Copy & Certificate of Status
	ADDITIONAL COPY REQUIRED
	•••
mah.	out Marino
FROM: Hobe	ert Wayne ame (Printed or typed)
PO I	Box 9646
101	Address
Nanles F	-1 34101-9646
	FL 34101-9646 ity, State & Zip
Daytim	e Telephone number
floridable	ueline@aol.com
E-mail address: (to be	ueline@aol.com 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 1 The name of the co	NAME RUFUS ON TIME, INCorporation shall be:	<b>C</b> .	
ARTICLE II	PRINCIPAL OFFICE		
	Principal street address	Mailing add	dress, if different is:
	364 Logan South	PO Box 9646	
1	Naples, FL 34119	Naples, FL 3410	)1-9646
ARTICLE III	PURPOSE		
	which the corporation is organized is:		
Any and all la	awful business in the state of Florida.		
·			
	•		
ARTICLE IV	SHARES		
The number of sha	ares of stock is: 500 (five hundred)		
		_	
ARTICLE V			
Name and 1 Address:	itle: Robert Wayne, President PO Box 9646	Name and Title: None Address:	·
Audiess.	Naples, FL 34101-9646	Address.	
	Maples, I'L 04101-3040		
		- -	
	itle:Simone Wayne, Vice President		
Address:	PO Box 9646	Address:	
	Naples, FL 34101-9646		151
	*******	<del></del>	
Name and T	Title: None	Name and Title:None	
Address:			
		<del></del>	- Kill on In
ARTICLE VI	REGISTERED AGENT	•	
	orida street address (P.O. Box NOT acceptable) of	the registered agent is:	200
Name:	Robert Wayne	_	OF N
Address:	9420 Bonita Beach Road, #200	- -	<b>5</b>
	Bonita Springs, FL 34135	-	
ADTICLE III	INCORPORATOR		•
ARTICLE VII	dress of the Incorporator is:		
Name:	Robert Wayne		
Address:	PO Box 9646	_	
	Naples, FL 34101-9646	- -	
**			
this certificate, I a	ned as registered agent to accept service of process im familiar with and accept the appointment as reg	s for the above stated corpol istered agent and agree to ac	t in this capacity
1			10/20/10
—/ <del>/</del> X	A savie of the Wasies of the saus	<del></del>	10/20/10 Date
1/9	Required Signature/Registered Agent		Date
I symmit this document and affirm that the faces stated herein are true. I am aware that the false information submitted in a			
document to the Department of State constitutes a third Jegree felony as provided for in s.817.155, F.S.			
	1006/1/	- ·	
/7\ /	/		10/20/10
11 0	Regained Signature Incorporator		Date