## P11000028517

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## **COVER LETTER**

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

ក្នុងស្រាស់ <sub>ខ្</sub>រុស ។

SUBJECT: a RLIN com	pany
(PROPOSED CORPORA	TE NAME – <u>MUST INCLUDE SUFFIX</u> )
Enclosed are an original and one (1) copy of the arti	cles of incorporation and a check for:
\$70.00 \$78.75 Filing Fee & Certificate of Status	\$78.75 \$87.50 Filing Fee Filing Fee, & Certified Copy Certified Copy & Certificate of Status  ADDITIONAL COPY REQUIRED
FROM: ROBERT T. KLIN	IGBEIL, JR., ESQUIRE (Printed or typed)
341 W. VENICE	AVENUE
VENICE, FL 34 City,	285 State & Zip
(941) 485-2900 Daytime To	elephone number
NAN@K-RLAW E-mail address: (to be used	.COM I for future annual report notification)

Sometiment and the tell of the or and the sound descriptions to the order of the original or t

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

And the second

a. :

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

ARTICLE II	PRINCIPAL OFFICE			
	Principal street address	Ma	ailing address, if different is:	
	1158 FUNDY ROAD VENICE, FL 34285	-		<del></del>
	VENICE, FL 34265			_
ARTICLE III	PURPOSE			
	which the corporation is organized is:			
any and all	lawful business		MAR 21	
				,
			<u> </u>	
			ريد	
	•		11	
ARTICLE IV			지수 등 기계	
The number of s	hares of stock is: 1000		Sign Sign Sign Sign Sign Sign Sign Sign	
ARTICLE V	INITIAL OFFICERS AND/OR DIRE	CTORS	• *	
	Title: MICHAEL DUNN-RANKIN (PS			
Address:	1158 FUNDY ROAD	Address:		_
	VENICE, FL 34285			
				_
Name and	Title:	Name and Title:		
Address:				
				_
				_
Name and	Title:	Name and Title:		
Address:				
ARTICLE VI	REGISTERED AGENT			
	Florida street address (P.O. Box NOT accept	able) of the registered agent	is:	
Name:	ROBERT T. KLINGBEIL, JR.			
Address:	341 W. VENICE AVENUE			
	VENICE, FL 34285			
ARTICLE VII	INCORPORATOR			
	address of the Incorporator is:			
Name:	ROBERT T. KLINGBEIL, JR.			
Address:	341 W. VENICE AVENUE			
	VENICE, FL 34285			
Having been na	med as registered agent to accept service of	nrocess for the above state	ed cornoration at the place designates	d in
this certificate, I	am familiar with and accept the appointment	t as registered agent and ag	ree to act in this capacity	• • • • • • • • • • • • • • • • • • • •
i	27/1/2011	0 0 0	3/17/11	
	40		3//////	
	Required Signature/Registered Age	nt	Date	
I nochanie dain de	command and affirm that the first at the		had the Calan InConsent on the territory	
i submit this 40	cument and affirm that the facts stated her Department of State constitutes a third degre	ein are true. I am aware th Malany as provided for in s	nat ine jaise injormation submitted i s 217 155 F.S	n a
accument to the	Deputation of Spine consumes a unit ruegre	epeiony as proviaca for in s 	_ / /	
1′		,	7/17/11	
	Required Signature/Incorporator		-/ / / / / / / / / / / / / / / / / / /	_