

P 110000036309

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

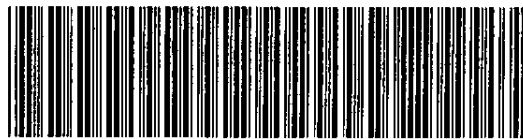
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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04/13/11--01014--017 **78.75

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11 APR 13 AM 7:44

ARTICLE
AND
FILED

4/14

COVER LETTER

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

SUBJECT: RJO Online Ventures, 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: Ralph Owens

Name (Printed or typed)

3335 Spring Park Way

Address

Brooksville, FL 34604

City, State & Zip

352-848-0389

Daytime Telephone number

reowens2@earthlink.net ✓

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 RJO Online Ventures, Inc.
The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

Principal street address
3335 Spring Park Way
Brooksville, FL 34604

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
The purpose of the corporation is to conduct any lawful purpose or purposes.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Ralph Owens, President/Secretary
Address: 3335 Spring Park Way
Brooksville, FL 34604

Name and Title: Judith Owens, Vice President/Treasurer
Address: 3335 Spring Park Way
Brooksville, FL 34604

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: Corporation Service Company
Address: 1201 Hays Street
Tallahassee, FL 32301

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Ralph Owens
Address: 3335 Spring Park Way
Brooksville, FL 34604

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.

Larment W Jones, Assistant VP

Required Signature/Registered Agent

3/31/11
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.

Ralph E Owens

Required Signature/Incorporator

4-11-11
Date

RECEIVED BY STATE
TALLAHASSEE, FL 32301

11 APR 13 AM 7:46

FILED
AND
RECORDED