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| (Requestor's Name) | | | | |
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| PICK-UP WAIT MAIL | | | | |
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| (Business Entity Name) | | | | |
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| (Document Number) | | | | |
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| Certified Copies Certificates of Status | | | | |
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| Special Instructions to Filing Officer: | | | | |
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Office Use Only



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TRANSMITTAL LETTER

Department of State
Division of Corporations

P. O. Box 6327 Tallahassee, FL 32314 Enclosed are an original and one (1) copy of the articles of incorporation and a check for: **2** \$70.00 \$78.75 **\$78.75** \$87.50 Filing Fee Filing Fee Filing Fee Filing Fee, & Certificate of Status & Certified Copy Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED 11200

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

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

| ARTICLE I | NAME | | |
|---|---|--|--|
| The name of the cor | poration shall be: Roya Track R | elect Inc | |
| | PRINCIPAL OFFICE | - Con (2) | |
| | Principal street address | Mailing | address, if different is: |
| | 11200 PEACH TILE LIVE | | |
| _ | MiAMI, FL. 37161 | | |
| | | | |
| ARTICLE III | PURPOSE | | |
| he purpose for wh | nich the corporation is organized is: | | |
| Professional | (conaction | | |
| ARTICLE IV The number of share | | | |
| ARTICLE V | INITIAL OFFICERS AND/OR DIRECT | <u> </u> | |
| | le: | | |
| Address: | | Address: | |
| | | *************************************** | |
| | | | |
| Name and Title: | | Name and Title: | |
| Address: | | | |
| | | | |
| | | | |
| Name and Tit | le: | Name and Title: | |
| Address: | | | |
| | | | |
| | | | |
| ARTICLE VI | REGISTERED AGENT | | |
| | ida street address (P.O. Box NOT acceptable | e) of the registered agent is: | |
| Name: | Michalla Bell | | 1 8 1 |
| Address: | 11200 PROLL True drive | <u></u> | allo of lamins |
| | Miam, FC 33 161 | | |
| RTICLE VII | INCORPORATOR | | 3 7 7 |
| | ress of the Incorporator is: | | |
| Name: | John Martin | | 100 mg |
| Address: | 11200 Peach Tree drive | | • |
| | | | |
| laving been name his certificate, I am | d as registered agent to accept service of pro familiar with and accept the appointment as | ocess for the above stated corp registered agent and agree to | oration at the place designated in act in this capacity |
| 4/1/2- | 6.M. 43.00 | | Ø111/2-11 |
| 1 / 1 | Required Signature/Registered Agent | | 8/11/2011 Date |
| | | _ | Duc |
| | nent and affirm that the facts stated herein | | |
| ocument to the De | partment of State constitutes a third degree fe | etony as provided for in s.817.1 | 55, F.S. |
| ark. | a mat. | | 8/11/2011 |
| anl | Required Signature/Incorporator | | Date |
| | redaired pignarate, montholarn | | vall |