

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6381

From:

Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.
Account Number : 075350000353
Phone : (212) 431-5000
Fax Number : (212) 431-1441

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION
Rayford Properties, Inc

Certificate of Status	0
Certified Copy	1
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Estimated Charge	\$78.75

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

ARTICLE I NAME Rayford Properties, Inc
The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

Principal street address
4226 Del Prado Blvd S
Cape Coral FL 33904

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
to transact any and all lawful purposes for which a corporation may be formed

ARTICLE IV SHARES

The number of shares of stock is: 10

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Maria Concetta Finocchiaro (Director)	Name and Title: _____
Address: 4226 Del Prado Blvd S	Address: _____
Cape Coral FL 33904	_____

Name and Title: _____	Name and Title: _____
Address: _____	Address: _____

Name and Title: _____	Name and Title: _____
Address: _____	Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: Maria Concetta Finocchiaro
Address: 4226 Del Prado Blvd S
Cape Coral FL 33904

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Arac Rivera c/o Blumberg Excelsior, Inc.
Address: 62 White Street, 2nd Floor
New York, NY 10013

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

Required Signature/Registered Agent

09/20/2011
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.

Required Signature/Incorporator

09/20/2011
Date

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