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∫ (Re	questor's Name)			
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PICK-UP	WAIT	MAIL		
(Bu	siness Entity Nar	ne)		
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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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RECRETARY OF STAT

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COVER LETTER

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

SUBJECT: RJG MARKETING INC	: 45-4109886
(PROPOSED CORPORA	TE NAME – <u>MUST INCLUDE SUFFIX</u>)
Enclosed are an original and one (1) copy of the artic	cles 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
FROM: RON GIOVINO	(Printed or typed)
2555 NURSERY RD STE	•
CLEARWATER, FL 337	64 State & Zip
727-536-8668 Daytime To	elephone number
	MERICA.COM I 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)

The name of the cor	•	J.				
ARTICLE II	PRINCIPAL OFFICE		Mailing address, if different is:			
2	Principal <u>street</u> address 555 NURSERY RD		Maning address	s, if different is:		
_	TE 104				_	
	LEARWATER, FL 33764			·	_	
	12 F - 14 - 200 L		•	70 N	_	
ARTICLE III	FURFUSE				•	
	nich the corporation is organized is:			> 20	,	
MARKETING	AND TAX PLANNING SERVICES.	•				
				SSS 28		
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ARTICLE IV						
The number of share	es of stock is:100			DA TE		
ADOTOLD II						
	INITIAL OFFICERS AND/OR DIRECTO		ista.			
Address:	ile:RON GIOVINO JR 2555 NURSERY RD	Name and 11				
Address.	STE 104	Address.				
	CLEARWATER FL 33764				_	
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Address:		Address:			_	
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Name and Tit	le:	Name and T	itle			
Address:						
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	REGISTERED AGENT	Cat to 1	. •			
Name:	ida street address (P.O. Box NOT acceptable) RON GIOVINO JR	of the registered a	agent is:			
Address:	2555 NURSERY RD STE 104					
Addiess.	CLEARWATER FL 33764					
						
ARTICLE VII	<u>INCORPORATOR</u>					
The <u>name and add</u>	ress of the Incorporator is:					
Name:	RON GIOVINO JR					
Address:	2555 NURSERY RD STE 104					
	CLEARWATER,FL 33764					
Havina heen name	d as registered agent to accept service of proce	ess for the above	stated cornoration	n at the place designates	l in	
	familiar with that accept the appointment as re					
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	- LA VORGE TH			12/25/11		
700	Required Signature/Registered Agent			Date	_	
	Required Signature/Registered Agent			i Date (
l subm <u>it this doc</u> un	nent and affirm that the facts flated herein a	re true. I am aw	are that the false	information submitted i	n a	
locument to the De	partment of State constitutes a hird degree felo	ny as provided fo	or in s.817.155, F.S			
	-1. 11		ŕ	, / /		
100	COUTAIN			12/25/11		
	Required Signature/Incorporator			/ Date	_	