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PICK-UP	WAIT	MAIL		
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Certified Copies	_ Certificate:	s of Status		
Special Instructions to	Filing Officer:			

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SECRETARY OF STATE

MRD 2/12

COVER LETTER

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

SUBJECT:	ROKSTRAPS			
	(PŘOPOSED CORPORA		LUDE SUFFIX)	
Enclosed are an origina	al and one (1) copy of the arti	cles of incorporation an	d a check for:	
∏\$70.00 Filing Fœ	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of	
		ADDITIONAL CO	OPY REQUIRED	
FROM:	344 BRIDL	ENGEL (Printed or typed) E PATH LA	NE	
ORMOND BEACH, FL 32174 City, State & Zip				
<u> </u>				
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 NA The name of the corpora	ME ation shall be: ROKStraps G	Clobal Corp.	
	INCIPAL OFFICE		
34	Principal street address Y BRIDLE PATH LANE CMOND BEACH, FL. 32174	·····	ess, if different is:
ARTICLE III PUI	RPOSE		
The purpose for which	the corporation is organized is:		
\mathcal{T}_{p}	CONDUCT BUSINES.	5 WITH WHOL	ESALE
•	IA RETAIL ACCOU		•
ARTICLE IV SH The number of shares o	IARES 100 f stock is:		TECHNOLOGY TO THE PROPERTY OF
	ITIAL OFFICERS AND/OR DIRECTOR		
Name and Title:_	RICHARD ENGEL 344 BRIOLE PATH LA	Name and Title:	
Address: _	ORMOND BEAGLEL3 & 74	Address:	1200
_	GARY MCCAY	Name and Title:	AGE AGE
Address: _	ORMOND BEACHER 32174	Address:	
Name and Title:_ Address:		Name and Title:Address:	
ARTICLE VI RE	GISTERED AGENT		
	street address (P.O. Box NOT acceptable) of	the registered agent is:	
Name: Address:	RKHARD ENGEL 344 RRIDLE PATH LA. OKMOND BEAKH, FL 321	- 74	
ARTICLE VII IN	CORPORATOR	,	
The name and address	s of the Incorporator is:		
Name: Address:	RICHARD ENGEL 344 BRIDLE PATHLA DROWN BEAGAFL 3217		
Having been named a	s registered agent to accept service of process miliar with and accept the appointment as regi	7 for the above stated corpora stered agent and agree to act	tion at the place designated in in this capacity
	hund arget	0	2/24/12
· · · · · · · · · · · · · · · · · · ·	Required Signature/Registered Agent		Date
	nt and affirm that the facts stated herein are timent of State constitutes a third degree felony		
Pus		granamyan nombaniabel	2/24/12
	Required Signature/Incorporator		Date