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(Requestor's Name)				
(Address)				
(Address)				
(Cit	:y/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificates	s of Status		
Special Instructions to Filing Officer:				

Office Use Only



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12 MAR | 2 PM | : L.S.

Ps 3/13/12

COVER LETTER

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

SUBJECT:	RHODIUM INC.		
	(PROPOSED CORPOR	ATE NAME – MUST INC	LUDE SUFFIX)
Enclosed are an o	riginal and one (1) copy of the ar	ticles of incorporation ar	nd a check for:
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL C	\$87.50 Filing Fee, Certified Copy & Certificate of Status OPY REQUIRED
		L	
	WILTON L. VIRGO	3	
FROM: _		ne (Printed or typed)	
	8329 MOBILE CI	-	
_		Address	
	WEEKI WACHEE	FL 34613-	4066
	City	, State & Zip	
	(480) 221-	2841	
	Daytime	Telephone number	
	WILTON, VIRGO	@ GMAIL . COM	
_	E-mail address: (to be use	ed 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 corporat	_		SECRETARY OF STATE DIVISION OF CORPORATIONS
ARTICLE II PRI	NCIPAL OFFICE	•	12 MAR 12 PM 1: 46
834	Principal <u>street</u> address R9 Mobile Cincle CK Vachec FL 34613	***************************************	address, if different is:
The purpose for which the PUBLISHING	the corporation is organized is:		
ARTICLE IV SHA The number of shares		OPS	
Name and Title:	Wilkin L. Virgo Presid	Peat Name and Title	
Address:	8329 Mobile Circle Vecki Uniher FL 34613	Address:	
Name and Title:Address:		Name and Title: Address:	
Name and Title:			
Address:		Address:	
ARTICLE VI REG			
	treet address (P.O. Box NOT acceptable)		
Name: _	Wiltin L. Vingo		
Address:	8329 Middle Circle Week: Willer FL 74613		
ARTICLE VII INCO	DRPORATOR		
The name and address o	f the Incomparator is:		
Name:	Wilton L. VIPSO		
Address:	Wilten L. VIISO P329 Milite Circle Deck: Ovactor PL 34613		
Having been named as r	registered agent to accept service of proc lliar with and accept the appointment as i	cess for the above stated corp	oration at the place designated in act in this capacity
	Ala J. Viga Required Signature/Registered Agent		////2
	Required Signature/Registered Agent		Date
I submit this document a document to the Departm	and affirm that the facts stated herein a nent of State constitutes a third degree fel	are true. I am aware that the ony as provided for in s.817.1:	false information submitted in a 55, F.S.
	_		
	Required Signature/Incorporator		
	Required Signature/Incorporator	-	Date