

P120000060023

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

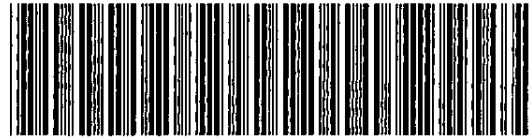
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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07/06/12--01028--006 \*\*78.75

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12 JUL -6 AM 7:47  
CLERK OF COURT  
VISION SYSTEMS

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8

## COVER LETTER

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

**SUBJECT:** RANCOURT & SUNS, INC.

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00 Filing Fee  
☒ \$78.75 Filing Fee  
& Certificate of Status

☐ \$78.75 Filing Fee  
& Certified Copy  
☐ \$87.50 Filing Fee,  
Certified Copy  
& Certificate of  
Status  
**ADDITIONAL COPY REQUIRED**

**FROM:** RANCOURT & SUNS, INC.

Name (Printed or typed)

817 HAIL COURT

Address

PORT ORANGE, FL 32127

City, State & Zip

(917) 355-1244

Daytime Telephone number

JUSTINRANCOURT@GMAIL.COM

E-mail address: (to be used for future annual report notification)

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

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

**ARTICLE I NAME** RANCOURT & SUNS, INC.

The name of the corporation shall be:

**ARTICLE II PRINCIPAL OFFICE**

Principal ~~street~~ address  
817 HAIL COURT  
PORT ORANGE, FL 32127

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Any and all lawful business.

**ARTICLE IV SHARES** 500 SHARES - \$1 PAR VALUE

The number of shares of stock is:

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: JUSTIN RANCOURT  
Address: 817 HAIL COURT  
PORT ORANGE, FL 32127

Name and Title: PRESIDENT & DIRECTOR  
Address:

Name and Title:  
Address:

Name and Title:  
Address:

Name and Title:  
Address:

Name and Title:  
Address:

**ARTICLE VI REGISTERED AGENT**

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

Name: JUSTIN RANCOURT  
Address: 817 HAIL COURT  
PORT ORANGE, FL 32127

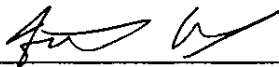
**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: JUSTIN RANCOURT  
Address: 817 HAIL COURT  
PORT ORANGE, FL 32127

12 JUL -6 AM 7:47  
JUL 6 2012  
CLERK OF THE COURT  
STATE OF FLORIDA

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

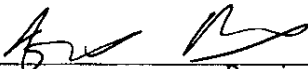


Required Signature/Registered Agent

6-29-12

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

6-29-12

Date