P1200007900/

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
•				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
,				
Certified Copies Certificates of Status				
- Continuates of Galaxy				
Special Instructions to Filing Officer:				

Office Use Only



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09/17/12--01025--022 **78.75

FILING CANCELLED RETURNED CHECK

FILED

12 SEP 17 PH 1: 42

SECRETARY OF STATE

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THE THINKS SEE FLOO

1/4

COVER LETTER

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

SUBJECT: Rum Row, Inc.					
(PROPOSED CORPORA	TE NAME – <u>MUST INCI</u>	LUDE SUFFIX)			
Enclosed are an original and one (1) copy of the articles of incorporation and a check for:					
\$70.00 \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of Status			
	ADDITIONAL CO	OPY REQUIRED			
FROM: William Mulligan	(Printed or typed)				
10661 Airport Pulling R	Road Suite 16i				
Naples, FL 34109	State & Zip				
239-431-5709 Daytime To	elephone number				
rumrowinc@hotmail.com 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	NAME			FILED
The name of the corp		Rum Row, Inc.		12 SEP 17 PM 1: 42
ARTICLE II I	PRINCIPAL OF.	FICE		0000m-11 1-42
1 <u>0</u> Su	Principal <u>stre</u> 1661 Airport Pu 1ite 16 i			Mailing address, of differential Single
ARTICLE III P	URPOSE			
The purpose for whi Any lawful bus	ich the corporation	n is organized is:		FILING CANCELLEI RETURNED CHECK
ARTICLE IV S The number of shares		l		
		ERS AND/OR DIRECT		
Name and Title Address:	_10661 Airpo	ort Pulling Road N 34109	Address:	
Name and Title Address:	e:		Name and Title: Address:	
Name and Title Address:	e:		Name and Title: Address:	
				
ARTICLE VI R		<u>AGENT</u> (P.O. Box NOT acceptable	a) of the registered ager	nt ic
Name: Address:	_William M _10661_Airp		 ite_16i	
ARTICLE VII I	NCORPORATO)R		
The name and addre	ess of the Incorpor	ator is:		
Name: Address:	William M 10661 Airpo Naples, Fl	ort Pulling Road N Suit	e_16i	
	as registered age	nt to accept service of pro		ted corporation at the place designated in gree to act in this capacity
<i>-</i>		- //// mx	Ma	09/06/2012
•	Required Si	gnature/Registered Agent	 	Date
I submit this docum document to the Dep	ent and affirm th aroment of State co	at the faces stated herein onstitutes a third degree fe	are true. I am aware lony as provided for in	that the false information submitted in a s.817.155, F.S.
1	51XX	Mullen	7	09/06/2012
	Required	Signature/Incorporator		Date