

P12000079352

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

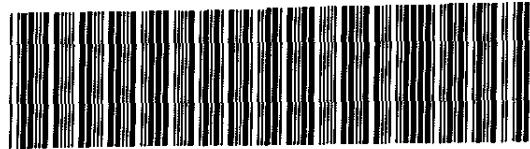
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600239515306

09/14/12--01015--009 **87.50

FILED

12 SEP 14 AM 9:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

12-48064

COVER LETTER

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

SUBJECT: STRAUB and ASSOCIATES, INC
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

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

<input type="checkbox"/>	\$70.00 Filing Fee	<input type="checkbox"/>	\$78.75 Filing Fee & Certificate of Status	<input type="checkbox"/>	\$78.75 Filing Fee & Certified Copy	<input checked="" type="checkbox"/>	\$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED							

FROM: James Raffone
Name (Printed or typed)

1680 Pine Cone Way
Address

Largo, FL 33771
City, State & Zip

727-563-6056
Daytime Telephone number

Juliccos@Knology.NET ✓
E-mail address: (to be used for future annual report notification)

FILED
12 SEP 14 AM 9:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

The name of the corporation shall be: STRAUB and Associates, Inc

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address

1680 Pine Cone Way
Largo, FL 33771

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To purchase, rent
and or sell real estate.

ARTICLE IV SHARES

The number of shares of stock is: 400

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: <u>Richard R. Straub</u>	Name and Title: _____
Address: <u>President, Treasurer</u>	Address: _____
<u>2739 Gulf Blvd</u>	_____
<u>Zephyrhills, FL 33541-9701</u>	_____

Name and Title: <u>James Raffone</u>	Name and Title: _____
Address: <u>VP, Agent, Incorporator</u>	Address: _____
<u>1680 Pine Cone Way</u>	_____
<u>Largo, FL 33771</u>	_____

Name and Title: <u>Gero Raffone</u>	Name and Title: _____
Address: <u>Secretary</u>	Address: _____
<u>2739 Gulf Blvd</u>	_____
<u>Zephyrhills, FL 33541-9701</u>	_____

ARTICLE VI REGISTERED AGENT

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

Name: James Raffone
Address: 1680 Pine Cone Way
Largo, FL 33771

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: James Raffone
Address: 1680 Pine Cone Way
Largo, FL 33771

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

James Raffone
Required Signature/Registered Agent

9/11/2012
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.

James Raffone
Required Signature/Incorporator

9/11/2012
Date

FILED
12 SEP 14 AM 9:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA