P1200088817		
(Requestor's Name) (Address) (Address)	200240211392	
(City/State/Zip/Phone #)	10/22/1201016017 **78.75	
(Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:	RECEIVED DEPARTMENT OF STATE 2012 OCT 22 PH 1: 24 Not Action Corrections Sufficiency of Filing	
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COVER LETTER

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

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SUBJECT: _ ≁ (PROPO **UDE SUFFIX**)

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

Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL C	\$87.50 Filing Fee, Certified Copy & Certificate of Status OPY REQUIRED
FROM: <u>Cynthia D Rober</u> Name <u>11405 Bright Sta</u> <u>Tallahassee F</u> City,	ar Circle	305

850 244 -3426 Daytime Telephone number

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

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

ARTICLE I NAME The name of the corporation shall be: RAR Commu	inication Inc.
ARTICLE II PRINCIPAL OFFICE Principal street address 11405 Bright Star Circle 76/1 F1 52305	Mailing address, if different is; 11405 Bright Slar Circle Tall, Fl 32305
<u>ARTICLE III PURPOSE</u> The purpose for which the corporation is organized is: Cable Spluin	
ARTICLE IV SHARES The number of shares of stock is: 2	
ARTICLE V INITIAL OFFICERS AND/OR DIRECTOR Name and Title: May Allen Roberts Presiden Address: [1405 Bright Star Circle Tallahassee, F1 32305	Name and Title: <u>Cynthia D Roberts V President</u> Address: <u>11405 Bricht Star Cir</u>
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 Name: Name: CumPhia D/Oberts Address: 11405 Bright Stan Cri. Talla haoout F1 32305 ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Name: Name: CumPhia D Roberts Address: 11405 Bright Stan Cri. Talla hasses F1 32305	

Having been named as registered agent to accept service of process for the above stated corporation at the place designated is this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

>6 Required Signature/Registered Agent

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.

nthie D Required Signature/Incorporator Je portes

10/22/12