

P12000090952

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

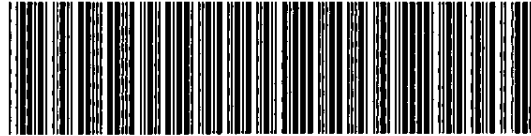
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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10/29/12--01015--008 **78.75

SECTION OF STATE
TALLAHASSEE FLORIDA

12 OCT 29 AM 9:40

FILED

J. Shivers OCT 30 2012

COVER LETTER

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

SUBJECT: REALISTIC 11 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: STEVEN G FROEHLICH, %WF ASSOCIATES
Name (Printed or typed)

1350 REMINGTON ROAD, SUITE V
Address

SCHAUMBURG, IL 60173
City, State & Zip

847-885-7300
Daytime Telephone number

TAXES@WFASSOCIATES.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

The name of the corporation shall be:

REALISTIC 11 INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

4612 CLUB DRIVE
SUITE 202
PORT CHARLOTTE, FLA 33953

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

**THE TRANSCATION OF ANY OR ALL LAWFUL PURPOSES FOR WHICH CORPORATIONS
MAY BE INCORPORATED UNDER THE LAWS OF THE STATE OF FLORIDA.**

ARTICLE IV SHARES

The number of shares of stock is:

1,000 SHARES

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: WALTER W OAKDEN

Address: 4612 CLUB DRIVE
SUITE 202
PORT CHARLOTTE, FLA 33953

Name and Title: _____

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:

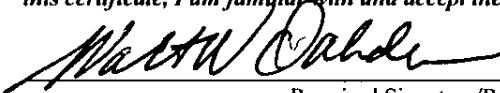
Name: WALTER W OAKDEN
Address: 4612 CLUB DRIVE, SUITE 202
PORT CHARLOTTE, FLA 33953

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: WALTER W OAKDEN
Address: 4612 CLUB DRIVE, SUITE 202
PORT CHARLOTTE, FLA 33953

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

10/15/12
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

10/15/12
Date

FILED
12 OCT 29 AM 9:40
SECRETARY OF STATE
TALLAHASSEE FLORIDA