## P12000094464

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Business Eller, Hulle)				
(Document Number)				
(Bodunient Number)				
Cartified Caning Cartificators of Status				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

Office Use Only



800241519068

11/13/12--01013--006 \*\*78.75

TZ NOV 13 PH 3: 59

11/4/12

## **COVER LETTER**

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

SUBJECT: The Rae's Management Company (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)			
Enclosed are an original and one (1) copy of the art	,		
\$70.00 \$78.75 Filing Fee & Certificate of Status	\$78.75 \$87.50 Filing Fee & Certified Copy Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED		
	INDITIONAL COLL AREQUIRED		
FROM: John Smith	e (Printed or typed)		
2543 Delorean Address			
<u>Fernandina</u>	Beach, FL 32034, State & Zip		
904 - 554 - 5345  Daytime Telephone number			
Smmarthou E-mail address: (to be use	asing a gmail. (In med for figure affinual 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	Company
The name of the corp	poration shall be: The Rae's Management	company
	PRINCIPAL OFFICE	
	Principal street address	Mailing address, if different is:
<u></u>	2543 Delorean	Mocessing Center
_	Fernandina Beach, FL 32034	Crestiew Hills MY 41017
_		CIESTVIEW THIS ITT 91011
ARTICLE III P	URPOSE	
	ich the corporation is organized is: Management	Services
	Markey	
ARTICLE IV	SHARES	\$ co _
The number of share	s of stock is: 3,000	
The named of share	5 01 515 5K 15.	
	INITIAL OFFICERS AND/OR DIRECTORS	ジス □ □
	le: John Smith, President Name	
Address:	2543 Delorian Addre	ess:
	Fernandina Bouch, FL 32034	
Name and Tit	le: Treasurer - SAME AS Name	and Title:
Address:	Victoria Smith ABOUL Address	ess:
	2543 Delorean	
	Fernandina Beach, + 1_ 32034	
Name and Tit	le: SOCretary - SAME TS Name	and Title:
Address:	John Smith ABOVE Addr	•
	2543 Delolean	
	Fernandina Beach, F1 32034	
ARTICLE VI	REGISTERED AGENT	
	ida street address (P.O. Box NOT acceptable) of the regi	stered agent is:
Name:	John Smith	•
Address:	2543 Delorean	
	Fernandina Beach, FL 32034	
ARTICLE VII	INCORPORATOR	
	ress of the Incorporator is:	
Name:	The Westord Group	
Address:	543 Centre View Blvd	
	Crestview Hills KY 41017	
Havina heen name	d as registered agent to accept service of process for the	e above stated cornoration at the place designated in
this certificate, I an	familiar with and/accept the appointment as registered (	agent and agree to act in this capacity
1/		
/sh	-V Shmith	1/15/10
	Required Signature/Registered Agent	Date
I ambunia dida da ee e		an avana that the false information submitted in a
	ment and affirm that the facts stated herein are true. I partment of State constitutes a third degree felony as pro	
accument to the De	pariment of share constitutes a titira degree Jetony as pro	- · · · · · · · · · · · · · · · · · · ·
Shad	1 Sh Var	4/ 10</td
	Required Signature/Incorporator	Date