

P/3aww11972

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

 PICK-UP☐ :WAIT☐ MAIL

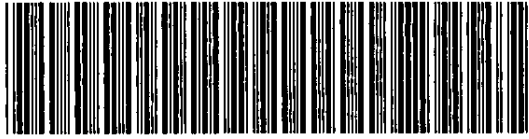
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
13 FEB -4 PM 12:50

Ps 2/6/13

## COVER LETTER

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

**SUBJECT:** Ronny R Crews 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:** Ronny R Crews

Name (Printed or typed)

16029 81 LN N

Address

Loxahatchee, FL 33470

City, State & Zip

561-662-9338

Daytime Telephone number

ronnycrews@yahoo.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)

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**ARTICLE I NAME**

The name of the corporation shall be: Ronny R Crews Inc

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**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

16029 81 LN N

Loxahatchee, FL 33470

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: labor construction

**ARTICLE IV SHARES**

The number of shares of stock is: 100

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Ronny Crews - President

Name and Title: \_\_\_\_\_

Address 16029 81 LN N

Address: \_\_\_\_\_

Loxahatchee, FL 33470

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address \_\_\_\_\_ Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address \_\_\_\_\_ Address: \_\_\_\_\_

(conti.)

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

Name and Title: \_\_\_\_\_ Name and Title: 13 FEB -4 PM 12:50  
Address \_\_\_\_\_ Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

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

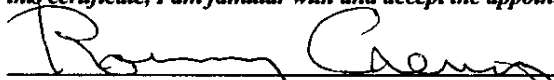
Name: Ronny Crews  
Address: 16029 81 LN N  
Loxahatchee, FL 33470

**ARTICLE VII INCORPORATOR**

The **name and address** of the Incorporator is:

Name: Ronny Crews  
Address: 16029 81 LN N  
Loxahatchee, FL 33470


*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

1/30/2013

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

1/30/2013

Date