P/30000/8846

(Requestor's Name)					
(Address)					
(Ad	ldress)				
(Cit	ty/State/Zip/Phone	e #)			
PICK-UP	☐ WAIT	· MAIL			
(Bu	isiness Entity Nar	me)			
(Document Number)					
Certified Copies	_ Certificates	s of Status			
Special Instructions to Filing Officer:					
		:			

Office Use Only



200244206792

02/25/13--01040--014 **78.75

13 FEB 25 PH I2: 09
SEUBERARY OF STATE
ALLAHASSEE FLORIDA

02/27/13

COVER LETTER

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

SUBJECT: ROTOTION I	n dustries, Inc. TE NAME- <u>MUST INCLUDE SUFFIX</u>)					
Enclosed are an original and one (1) copy of the artic	cles of incorporation and a check for:					
\$70.00 Filing Fee & Certificate of Status	\$78.75 \$87.50 Filing Fee & Certified Copy & Certificate of Status					
	ADDITIONAL COPY REQUIRED					
FROM: Sary Jones Name (Printed or typed)						
6430 Anders	nddress Way					
Melbourne, Fl.	33040 State & Zip					
321- 267- Daytime To	- 5073 elephone number					
E-mail address: (to be used	Tion, m X I for future annual report notification)					

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION
Th compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I	NAME		- 1 0	
The name of the co	rporation shall be: Rotation	Tuar	STRIES.	TUG.
ARTICLE II	PRINCIPAL OFFICE			
	Principal street address		Mailing addı	ress, if different is:
Ţ				
<u> </u>	also Anderson Wai			
1_	nelbourne, FL 32940	-		
ARTICLE III	<u>PURPOSE</u>			
The purpose for w	hich the corporation is organized is:			
			\cap	\$
4	internet based	soules	for pro-	+1+
			•	
ARTICLE IV	SHARES			
	res of stock is: 100			
ARTICLE V	INITIAL OFFICERS AND/OR DIRECT	CTORC		
Name and Ti	He: Gary Jones Vice President	On O + Name a	and Title: Don S	smith President
Address:		Addres	is:	
	6430 Anderson Wal	4	6430°	Anderson Way
	Melbourne, FL 3290	40	Melpo	ourne, FL33940
Name and Ti	tle:	Name :	and Title:	
Address:				
				
Name and Ti	tle:	Name :	and Title:	
Address:				
		 		
	REGISTERED AGENT			¥ن <u>→</u>
	rida street address (P.O. Box NOT accepta	able) of the regist	tered agent is:	
Name:	Gary slones	\		
Address:	6430 Anderson W Melbourne FL 329			SE NO PROBLET
	masasme, resort	40		SE SE
	INCORPORATOR			
The <u>name and add</u> Name:	Iress of the Incorporator is:			
Address:	6430 Anderson Wa			STATI
71441435.		3440		
Having been James	ed as registered agent to accept service of	nnogare for the	ahaya statad aannana	tion at the place designated in
	n fomiliar with and accept the appointment			
				ラ-タ1-13
	Required Signature/Registered Age	nt		<u> </u>
I mit mit di i-	/	ala nen euro * -	m muses that the fa-	les information submitted in a
	ment and affirm that the facts stated here epartment oxState constitutes a third degree			
uocument to the pe	- Line of Since Constitutes a triva degree	e jeiony us provi	ucu jvi in 3.017.133,	z 1.51
/				2-21-13
	Required Signature/Incorporator	•		Date