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(Re	equestor's Name)	· · · · · · · · · · · · · · · · · · ·
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PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Name	e)
(Do	ocument Number)	
Certified Copies	Certificates of	of Status
	E. O.	
Special Instructions to	Filing Officer:	
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13 JUN 14 PH 1: 01

SECRETARY OF STATE.

Ps July3

## **COVER LETTER**

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

SURJECT: S&P	JBJECT: S&K REALTY ASSOCIATES, INC.					
(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)						
Enclosed are an original and one (1) copy of the utilities of incorporation and a start free						
<b>\$70.00</b>	\$78.75	\$78.75	<b>\$87.</b> 50			
rung ree	rning ree & Certificate of Status	rning ree & Certified Copy	rning ree, Certified Copy			
			& Certificate of			
		ADDITIONAL CO	Status			
		ADDITIONAL CC	TI KEYUIKEU			

FROM	GARY S. ROTHMAN, INCORPORATOR
	Name (Printed or typed)
	6201 GRAYLING DRIVE
	Address
	JACKSONVILLE, FL 32256
	City, State & Zip
	904-565-1588
	Davtime Telenhone number
	RAGNAMTHO@AOL.COM
	E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the article

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)
SECRETARY OF STATE
DIVISION OF CORPORATIONS

ARTICLE I NAMI The name of the corporation	on shall be: S&K REALTY	ASSOCIATES	6, INC. 13 JUN 14 PM 1: 02
	ICIPAL OFFICE Principal <u>street</u> address	1	Mailing address, if different is:
3825 TARA HA	ALL DRIVE	<u> </u>	
JACKSONVILI	LE, FL 32256		
ARTICLE III PURP	<u>POSE</u> TO	OWN, BUY, SE	LL, TRADE, GIFT, HOLD
	SE ACQUIRE AND D		
	HER PURPOSE FOR		
	D TO BE FORMED A		# * **** / ***
	AWS OF FLORIDA.		
ARTICLE IV SHALE The number of shares of s  ARTICLE V INIT	tlock is: 1,000	<del></del>	VIM A TRAVERS TREASURER/D/DECTOR
Name and Title:		Name and Title	
Address	3825 TARA HALL DE	Address:	3825 TARA HALL DRIVE
	JACKSONVILLE, FL	<u> </u>	JACKSONVILLE, FL
	32256		32256
Name and Title:		Name and Title	:
Address		Address:	
		<del></del>	
Name and Title:		Name and Title	
Address		Address:	

- Name and	f Title:	Name and Title:	13 JUN 14 PM 1: 02
Address		_ Address: _	
		- <b>-</b>	
ARTICLE VI	REGISTERED AGENT		.•
The name and Florage Name:	orida street address (P.O. Box NOT acceptable) of GARY S. ROTHMAN	the registered age	nt is:
Address:	6201 GRAYLING DRIVE	-	
	JACKSONVILLE, FL 32256	- -	
ARTICLE VII	INCORPORATOR  Idress of the Incorporator is:		
Name:	GARY S. ROTHMAN		
Address:	6201 GRAYLING DRIVE	_	
	JACKSONVILLE, FL 32256	-  -  -	
Having been nan this certificate, I	ned as registered agent to accept service of process yn familiar with an <u>d acce</u> pt the appointment as reg	s for the above sta gistered agent and	ted corporation at the place designated in agree to act in this capacity
Man	2 Stan		JUNE 10, 2013
	Required Signature/Registered Agent		Date
I submit this doc	ument and affirm that the facts stated herein are Department of State constitutes a third degree felor	true. I am aware ny as provided for i	that the false information submitted in a in s.817.155, F.S.
Lary	flother.		JUNE 10, 2013
	Required Signature/Incorporator		Date