

P 13000055696

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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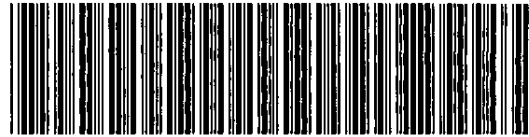
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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06/05/13--01015--006 **157.50

W3-33070

FILED
13 JUN 27 PM 4:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

7-1-13

p-sh

COVER LETTER

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

SUBJECT: ARRC 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 \$78.75
Filing Fee Filing Fee
 & Certificate of Status

\$78.75	\$87.50
Filing Fee	Filing Fee,
& Certified Copy	Certified Copy
	& Certificate of
	Status
ADDITIONAL COPY REQUIRED	

FROM: Charles Mueller
Name (Printed or typed)

P.O. Box 362
Address

DeLeon Springs, FL 32130
City, State & Zip

386-804-0115
Daytime Telephone number

E-mail address: (to be used for future annual report notification)

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 7, 2013

CHARLES MUELLER
PO BOX 362
DELEON SPRINGS, FL 32130

SUBJECT: ARRC, INC.
Ref. Number: W13000033070

We have received your document for ARRC, INC. and your check(s) totaling \$157.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Tim Burch
Regulatory Specialist II
New Filing Section

Letter Number: 613A00014321

TO: Florida Dept. of State
Division of Corporations

This letter of intent is official notification
of the dissolution of ARRC, Inc.

I hereby release the name of ARRC, Inc.

Sincerely,
Charles Mueller
Charles Mueller
5/28/13

RECEIVED
13 JUN 27 AM 11:35
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAMEThe name of the corporation shall be: ARRC, Inc.ARTICLE II PRINCIPAL OFFICEPrincipal street address1080 S. Amelia Ave.DeLand, FL.32724

Mailing address, if different is:

P.O. Box 362DeLeon Springs, FL.32130ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To operate as a legal business
in the State of FloridaFILED
13 JUN 27 PM 4:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDAARTICLE IV SHARESThe number of shares of stock is: 100ARTICLE V INITIAL OFFICERS AND/OR DIRECTORSName and Title: Charles Mueller - PresidentAddress: P.O. Box 362DeLeon Springs, FL.32130Name and Title: Mary Mueller - Vice PresidentAddress: P.O. Box 362DeLeon Springs, FL32130

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

(cont.)

Name and Title: _____ Name and Title: _____
Address: _____ Address: _____

ARTICLE VI REGISTERED AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Charles Mueller
Address: 4381 Mixon Dr.
Deland, FL 32724

ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

Name: Charles Mueller
Address: P.O. Box 362
DeLeon Springs, FL 32130

FILED
13 JUN 27 PM 4: 56
SECRETARY OF STATE
TALLAHASSEE, FL 32399

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

Charles Mueller
Required Signature/Registered Agent

5/29/13
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.

Charles Mueller
Required Signature/Incorporator

5/29/13
Date