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Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
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From: Account Name : EMPIRE CORPORATE KIT COMPANY  
Account Number : 072450003255  
Phone : (305) 634-3694  
Fax Number : (305) 633-9696

\*\*Enter the email address for this business entity to be used for future annual report mailings.. Enter only one email address please.\*\*

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

FLORIDA PROFIT/NON PROFIT CORPORATION  
RUSSELL B. MASON & ASSOCIATES, INC.

Certificate of Status	1
Certified Copy	1
Page Count	04
Estimated Charge	\$87.50

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**COVER LETTER**

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

**SUBJECT:** RUSSELL B. MASON & Associates, 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:** Russell B. Mason, Jr.  
Name (Printed or typed)  
1971 SE, Camden St.  
Address  
Port St. Lucie, FL 34952  
City, State & Zip  
(561) 512-8226  
Daytime Telephone number  
russellb12@aol.com  
E-mail address: (to be used for future annual report notification)

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

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

**ARTICLE I NAME**

The name of the corporation shall be: Russell B. Mason & Associates, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

1971 S.E. Camden St.  
Port St. Lucie, FL 34952

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: any lawful purpose.

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**ARTICLE IV SHARES**

The number of shares of stock is: 100 @ \$1<sup>00</sup> par value per share

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

Name and Title: Russell B. Mason, Jr. Name and Title: President/Director

Address: 1971 SE Camden St. Address: \_\_\_\_\_  
Port St. Lucie, FL 34952

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

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

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

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

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(cont.)

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

**ARTICLE VI REGISTERED AGENT**

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

Name: Russell B. Mason, Jr.  
 Address: 1971 SE Camden St.  
Port St. Lucie, FL 34952

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**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Russell B. Mason, Jr.  
 Address: 1971 SE Camden St.  
Port St. Lucie, FL 34952

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

Russell B. Mason  
 Required Signature/Registered Agent

7/19/2013  
 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.

Russell B. Mason  
 Required Signature/Incorporator

7/19/2013  
 Date

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