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13 AUG 23 PM 12:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MRB
8/28/13

COVER LETTER

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

SUBJECT: Florida SS Realty 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: LINDA K. RISDEN
Name (Printed or typed)
908 Brock
Address
HINESVILLE GA 31313
City, State & Zip
934 345 5530
Daytime Telephone number
RISDEN@BELLSouth.NET
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)

ARTICLE I NAME

The name of the corporation shall be: FLORIDA SE REALTY INC **FILED**

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is: **13 AUG 23 PM 12:41**

908 BROCKTON DR
HINESVILLE GA 31313

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: REAL ESTATE

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: PRES,

Name and Title: LINDA K. RUDEN

Address

908 BROCKTON DR
HINESVILLE GA 31313

Address:

Name and Title:

TREAS, SEC

Name and Title:

BRITTANY J. RUDEN

Address

908 BROCKTON DR
HINESVILLE GA 31313

Address:

Name and Title:

Name and Title:

Address

Address:

(conti.)

FILED

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

13 AUG 23 PM 12:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE VI REGISTERED AGENT

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

Name: LINDA RISEN
Address: 6900 NW 30 AVE
FT. LAUDEDALE FL 33309

ARTICLE VII INCORPORATOR

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

Name: LINDA RISEN
Address: 908 BROCKTON DR
HINESVILLE GA 31313

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

8/19/13
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.

Required Signature/Incorporator

8/19/13
Date