

P13000071383

(Requestor's Name)

(Address)

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☐ PICK-UP

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
13 SEP 16 PM 2:24

9/19/13

COVER LETTER

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

SUBJECT: Rawe Floors, 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: Jamie Rawe  
                    Name (Printed or typed)  
6317 Spring Lake Terrace  
                    Address  
Ft. Pierce, FL 34951  
                    City, State & Zip  
(401) 332-5207  
                    Daytime Telephone number  
Jamierawe@gmail.com  
                    E-mail address: (to be used for future annual report notification)

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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)

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DIVISION OF CORPORATIONS

**ARTICLE I NAME**

The name of the corporation shall be: Rawe Floors, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal ~~street~~ address

Mailing address, if different is: 13 SEP 16 PM 2: 24

6317 Spring Lake Terrace  
Ft. Pierce, FL 34951

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Flooring Installation,  
which includes, but not limited to: Carpet,  
Vynil, laminate,

**ARTICLE IV SHARES**

The number of shares of stock is: 1 Share

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

Name and Title: Jamie Rawe - President Name and Title: \_\_\_\_\_

Address 6317 Spring Lake Terrace Address: \_\_\_\_\_  
Ft. Pierce, FL 34951

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 AGENT**

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

Name: Jamie Rawe  
Address: 6317 Spring Lake Terr.  
Ft. Pierce, FL 34951

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Jamie Rawe  
Address: 6317 Spring Lake Terr.  
Ft. Pierce, FL 34951

*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*

JiR

Required Signature/Registered Agent

09/10/13

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 § 817.135, F.S.*

JiR

Required Signature/Incorporator

09/10/13

Date

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