

PH00002327

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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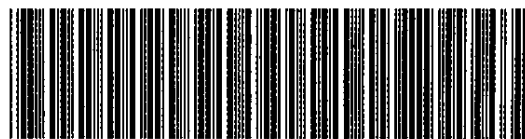
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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MD 3/17

## COVER LETTER

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

SUBJECT: RW Touchette, 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: Robert W Touchette  
Name (Printed or typed)

6032 Fairway Ct  
Address

Naples FL 34110  
City, State & Zip

239 - 641 - 0915  
Daytime Telephone number

bob.touchette@gmail.com  
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: R W Touchette, Inc

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is

6032 Fairway Ct.

Naples FL 34110

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Insurance Management  
Advocate

**ARTICLE IV SHARES**

The number of shares of stock is: 1000

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

Name and Title: Robert W Touchette

Name and Title: Rebecca S Touchette

Address: President

Address: Vice President

6032 Fairway Ct.

6032 Fairway Ct.

Naples, FL 34110

Naples, FL 34110

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

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

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

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

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

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

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

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

(conti.)

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: Robert W Touchette  
Address: 6032 Fairway Ct.  
Naples, FL 34110

**ARTICLE VII INCORPORATOR**

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

Name: Robert W Touchette  
Address: 6032 Fairway Ct.  
Naples, FL 34110

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CLERK OF DISTRICT COURT  
FLORIDA

*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*

Robert W Touchette 3-11-14  
Required Signature/Registered Agent 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.*

Robert W Touchette 3-11-14  
Required Signature/Incorporator Date