14000031

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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Special Instructions to Filing Officer:				
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COVER LETTER

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

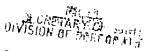
SUBJECT: RKM INVESTORS, INC.			
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an ori	ginal and one (1) copy of the art	icles of incorporation and	d a check for:
\$70.00	\$78.75	\$78.75	\$87.50
Filing Fee	Filing Fee & Certificate of Status	Filing Fee & Certified Copy	Filing Fee, Certified Copy & Certificate of
		ADDITIONAL CO	Status OPY REQUIRED
FROM:	Kichard K.	(Printed or typed)	
40	58 Stillwood	De.	
Address			
Jacksonville, FL 32257			
	//	State & Zip	
	904-993-	1727 Telephone number	
	Daytime T	. / /	
	KV Shortridge (a	Yahoo com	
	E-mail address (to be use	u roi future aminai report	nouncation)

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: PRINCIPAL OFFICE Principal street address Mailing address, if different is: ARTICLE III PURPOSE ARTICLE III PURPOSE
The purpose for which the corporation is organized is:

To Conduct business in ARTICLE IV SHARES The number of shares of stock is:_ ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS Name and Title: Address Address: _ Name and Title:_ Name and Title: Address Address: Name and Title:_ Name and Title: Address _ Address:



Name and Title:	Name and Title: 2014 APR - 7 PM 2: 30
Address	Address:
ARTICLE VI REGISTERED AGENT	
The name and Florida street address (P.O. Box NOT	'acceptable) of the registered agent is:
Name: Lichard K. MCK	<u>1:11:</u>
Address: 4058 Stillwood	BR.
Gacksonville,	FL 32257
ARTICLE VII INCORPORATOR	
The name and address of the Incorporator is:	
Name: KAREN Shorting	idge 1
Address: 12407 Newell 6	reen fil.
Jat FL 30	3746
	vice of process for the above stated corporation at the place designated in vintment as registered agent and agree to act in this capacity
× LATION 100	4-1-14
Required-Signature/Registe	red Agent Date
I submit this document and affirm that the facts stat document to the Department of State constitutes a thin	red herein are true. I am aware that the false information submitted in a red degree felony as provided for in s.817.155, F.S.
Karen Shortrick	4-1-14
Required Signature/Inde	porator Date