

P14000036676

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

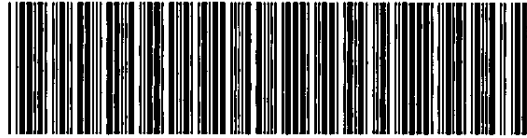
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- SECRETARY OF STATE
DIVISION OF CORPORATIONS
14 APR 22 PM 4:47

COVER LETTER

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

SUBJECT: S. RAY REAL ESTATE 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: SHANNON RAY

Name (Printed or typed)

5244 JULINGTON CREEK RD.

Address

JACKSONVILLE FL. 32258

City, State & Zip

904-333-7474

Daytime Telephone number

SHANNONRAYRELATOR@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: S. RAY REAL ESTATE INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

5244 JULINGTON CREEK RD.
JACKSONVILLE FL. 32258

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

REAL ESTATE SALES

ARTICLE IV SHARES

The number of shares of stock is: 1,000,000 SHARES

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: SHANNON RAY- PRESIDENT

Name and Title: _____

Address 5244 JULINGTON CREEK RD.
JACKSONVILLE FL. 32258

Address: _____

Name and Title: MICAH RAY-SECRETARY

Name and Title: _____

Address 5244 JULINGTON CREEK RD.
JACKSONVILLE FL. 32258

Address: _____

Name and Title: MICAH RAY- TREASURER

Name and Title: _____

Address 5244 JULINGTON CREEK RD.
JACKSONVILLE FL. 32258

Address: _____

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DIVISION OF CORPORATE AFFAIRS
14 APR 22 PM 4:47

(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: SHANNON RAY
Address: 5244 JULINGTON CREEK RD.
JACKSONVILLE FL. 32258

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ARTICLE VII INCORPORATOR

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

Name: SHANNON RAY
Address: 5244 JULINGTON CREEK RD.
JACKSONVILLE FL. 32258

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

x Shannon Ray
Required Signature/Registered Agent

4/16/14
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.

x Shannon Ray
Required Signature/Incorporator

4/16/14
Date