P14000058069

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
. PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

Office Use Only



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07/07/14--01031--007 **78.75

SECRETARY OF STATE ORIDA

APPROVED FILED

14

COVER LETTER

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

SUBJECT: RTHNK 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: Bernd Rennebeck Name (Printed or typed)					
5 Azalea Drive					
DeBary FL 32713 VCity, State & Zip					
386-6680474 Daytime Telephone number					
bernd a rennebeck, 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)

APPROVEL
AND
FILED

The name of the cornorati	ion shall be:	RTHNK	Inc.	
ADTICLE II DDIN	CIDAL OPPICE			14 JUL -7 PM 3: 36
	<i>ICIPAL OFFICE</i> Principal <u>street</u> addi		N	Aailing address; if different is:
	alea Dr			Mailing addross if different is: TALLAHASSEE, FLORIDA
				1374172
<u>De Bar</u>	-y FL 3	32715		
•			_	
ARTICLE III PURP	mer			
The purpose for which th		ganized is:		
0 -		1 0 = /-	/	1 / /
<u> </u>	ucy tor	mar Keg	sug, co	mmunications
and or	ther la	wful ac.	hivities	<u> </u>
ARTICLE IV SHAL		000		
The number of shares of s	tock is:	000		
ARTICLE V INITI	IAI. OFFICERS A	AND/OR DIRECTOR	g	
Name and Title:	ChrisHa	n Rennebed	Name and Title:	
Address	Pres + :	Secy	_ Address: _	
	5 Azalo	ea Drive		
-			- - -	
-	Debarg	1 FL 3271.	<i>.</i>	
Name and Title:_			Name and Title:	
Address _			_ Address: _	
-				
-				
Name and Title:_			_ Name and Title:	
Address _			_ Address: _	
-				

APPROVEL AND FILED (conti.)

Name and T	itle:	Name and Title:_	14 JUL -7 PM 3:36
Address		Address: _	SECRETARY OF STATE TALL AHASSEE FLORIDA
		_	
ARTICLE VI R	EGISTERED AGENT		
The name and Florie	da street address (P.O. Box NOT acceptable) of t	he registered agen	t is:
Name: _	Bernd Rennebeck		
Address: _	5 Azalea Drive DeBary, FL 3271		
_	DeBary, FL 3271	13	
ARTICLE VII I	NCORPORATOR		
The name and addre	ess of the Incorporator is:		
Name:	Bernd Rennebeck 5 Azalea Drive		
Address:	5 Azalea Drive		
	DeBary Fl 32713		
	as registered agent to accept service of process f familiar with and accept the appointment as regis		
	rond Keinebear		6/30/14
V	Required Signature/Registered Agent		Date
	ent and affirm that the facts stated herein are tr artment of State constitutes a third degree felony		
	Bernd Wennels	2	6/30/14
	Required Signature/Incorporator	_	Dáte