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(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:				

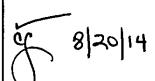
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COVER LETTER

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

SUBJECT: RAI	LTECH Railing		
	(PROPOSED CORPORA	ATE NAME – <u>MUST INCL</u>	<u>UDE SUFFIX</u>)
Enclosed are an orig	rinal and one (1) copy of the ar	ticles of incorporation and	d a check for:
\$70.00 Filing Fee	□ \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PPY REQUIRED
FROM: P	hilip Ellis	e (Printed or typed)	
52	224 NW 117th A		
	oral Springs, FL	Address 33076	
	City	, State & Zip	* Also 1
<u>56</u>	61-436-0900 Daytime T	Telephone number	TO A

NOTE: Please provide the original and one copy of the articles.

railtech.railings@aol.com

E-mail address: (to be used for future annual report notification)

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

name of the corpo		. THE RULE ILL AM	
TICLE II P	RINCIPAL OFFICE Principal street address	Mailing address, if different is: 17 05 c	
42 NW 120th Ave		Mailing address, if different is 35 55 55 55 55 55 55 55 55 55 55 55 55	
oral Spring	s, FL 33065	Coral Springs, FL 33076	
PICLE III PU	TRPOSE In the corporation is organized is:	cture of handrails and guardrails.	
ricle iv si	#ARES 100		
FICLE IV SI	HARES of stock is:		
<u> </u>	IITIAL OFFICERS AND/OR DIRECTORS	<u></u>	
<u> FICLE V II</u>	IITIAL OFFICERS AND/OR DIRECTORS	S Name and Title:	
<u> FICLE V II</u>			
FICLE V II Name and T	ntial officers and/or directors tle: Philip Ellis, President	Name and Title:	
Name and T Address	Philip Ellis, President 5224 NW 117th Ave Coral Springs, FL 33076	Name and Title:Address:	
Name and T Address Name and Ti	Philip Ellis, President 5224 NW 117th Ave Coral Springs, FL 33076	Name and Title: Address: Name and Title:	
Name and T Address	Trial officers AND/OR DIRECTORS the Philip Ellis, President 5224 NW 117th Ave Coral Springs, FL 33076 Thomas Ellis, Vice President	Name and Title:Address:	
Name and T Address Name and Ti	Trial officers and/or directors the Philip Ellis, President 5224 NW 117th Ave Coral Springs, FL 33076 Thomas Ellis, Vice President 5224 NW 117th Ave.	Name and Title: Address: Name and Title:	
Name and T Address Name and Ti	Trial officers AND/OR DIRECTORS ttle: Philip Ellis, President 5224 NW 117th Ave Coral Springs, FL 33076 Thomas Ellis, Vice President 5224 NW 117th Ave. Coral Springs, FL 33076	Name and Title: Address: Name and Title:	
Name and T Address Name and Ti	Trial officers AND/OR DIRECTORS ttle: Philip Ellis, President 5224 NW 117th Ave Coral Springs, FL 33076 Thomas Ellis, Vice President 5224 NW 117th Ave. Coral Springs, FL 33076	Name and Title: Address: Name and Title: Address:	

Name an	d Title:	Name and Title:	
Address		Address:	
ARTICLE VI The name and F Name: Address:	REGISTERED AGENT Iorida street address (P.O. Box NOT acceptable) o Philip Ellis 5224 NW 117th Ave. Coral Springs, FL 33076	f the registered agent is: -	
ARTICLE VII	INCORPORATOR		
Name: Address:	Thomas Ellis 5224 NW 117th Ave. Coral Springs, FL 33076	- - -	4 - J &
	am familiar with and accept the appointment as res	s for the above stated corporation at the place designal gistered agent and agree to act in this capacity 08/07/2014	ieu ir
7700	Required Signature/Registered Agent	Date	_
document to the	cument and affirm that the facts stated herein are Department of State constitutes a third degree felon Required Signature/Incorporator	true. I am aware that the false information submitted by as provided for in s.817.155, F.S. 08/07/2014 Date	đ in a
		14 AUG 14 AM 9 19 SECRETIAN OF STATE TALLAMASSEE, FLORINA	