

P14 000073015

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

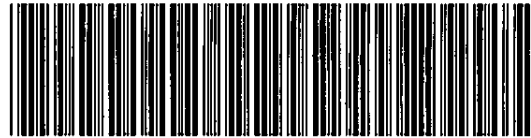
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800263708018

08/29/14--01028--004 **70.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
14 AUG 29 AM 10:03

9/3/14

COVER LETTER

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

SUBJECT: _____

Rig Rod, 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: _____

Michael Betancourt

Name (Printed or typed)

1264 SE Illusion Isle Way

Address

Stuart, FL 34997

City, State & Zip

(786) 316 8936

Daytime Telephone number

StuartBaitandTackle@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:

Rig Rod, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

1264 SE Illusion Isle Way
Stuart, FL 34997

← " Same
← " Same

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Incorporate the legal rights to manufacture, produce, patent, trademark, both the (design) (utility), distribute, wholesale, retail the "Rig Rod", and/or product.

ARTICLE IV SHARES

The number of shares of stock is:

100

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
14 AUG 29 AM 10:03

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Michael Betancourt Name and Title:

Address: President Address:

1264 SE Illusion Isle Way
Stuart, FL 34997

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: Michael Betancourt

Address: 1264 SE Illusion Isle way
Stuart, FL 34997

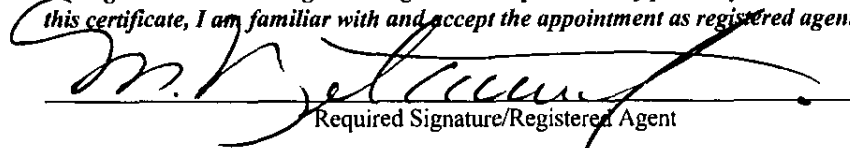
ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Michael Betancourt

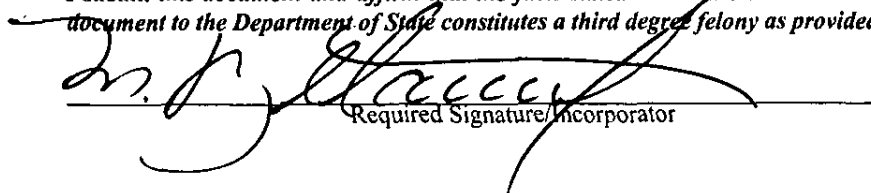
Address: 1264 SE Illusion Isle way
Stuart, FL 34997

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


Required Signature/Registered Agent

8/24/14
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.


Required Signature/Incorporator

8/24/14
Date