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(Requestor's Name)				
(Address)				
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(Ci	ty/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
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Certified Copies	Certificates	of Statue		
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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: Ret	urn on Investme		
	(PROPOSED CORPORA	ATE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	inal 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	\$87.50 Filing Fee, Certified Copy & Certificate of Status
		ADDITIONAL CO	OPY REQUIRED
_	37 Island Way	e (Printed or typed)	
С	learwater Beach		
72	City 27-698-1500	State & Zip	
	•	Selephone number	
<u>CC</u>	ezycom@aol.com E-mail address: (to be use	ed 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)

The name of the corporation shall be: Return on Investment ARTICLE II PRINCIPAL OFFICE Principal street address 837 Island Way		!	Mailing address, if different is:		
	Beach, FL 33767		700 700 700 700 700 700 700 700 700 700	14 OCT !	20000000 7 7 Nannan
ARTICLE III PU The purpose for which	RPOSE n the corporation is organized is: Investr	nents	SEE, FLORIDA	4 PH 12: 42	**************************************
The number of shares	ntial officers and/or director tle: Carl Hilton, Director 837 Island Way		Carl Hilton, Pre	У	
The number of shares of ARTICLE V IN	TTIAL OFFICERS AND/OR DIRECTOR tle: Carl Hilton, Director 837 Island Way Clearwater, FL 33767	_ Name and Title _ Address:		y 33 creta	767 ary e. 2

d Title:	Name and Title:
	Address:
REGISTERED AGENT	
	of the registered agent is:
Carl Hilton	
837 Island Way	LORE TORE
Clearwater, FL 337676	ASS.
INCORPORATOR	PHIZ:
Idress of the Incorporator is:	# 2
Carl Hilton	
837 Island Way	
Clearwater, FI 33767	_
am familiar with and accept the appointment as t	ess for the above stated corporation at the place designated in egistered agent and agree to act in this capacity 10 /9 /2014
Required Signature/Registered Agent	Date
ument and affirm that the facts stated herein a Department of State constitutes a third degree fel	
Required Signature/Incorporator	EARL HILTUR 10/9/2014 Date
	REGISTERED AGENT Forida street address (P.O. Box NOT acceptable) Carl Hilton 837 Island Way Clearwater, FL 337676 INCORPORATOR Idress of the Incorporator is: Carl Hilton 837 Island Way Clearwater, FI 33767 The das registered agent to accept service of process of the appointment as resistered agent to accept the appointment as resistered Agent to accept the appointment as resistered Agent and affirm that the facts stated herein and Department of State constitutes a third degree felonomer and affirm that the facts stated herein and Department of State constitutes a third degree felonomer and affirm that the facts stated herein and Department of State constitutes a third degree felonomer and affirm that the facts stated herein and Department of State constitutes a third degree felonomer and affirm that the facts stated herein and Department of State constitutes a third degree felonomer and affirm that the facts stated herein and Department of State constitutes a third degree felonomer and affirm that the facts stated herein and Department of State constitutes a third degree felonomer and affirm that the facts stated herein and Department of State constitutes a third degree felonomer and affirm that the facts stated herein and Department of State constitutes a third degree felonomer and degree felonomer an