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T. SCOTT



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COVER LETTER

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

SUBJECT: Deb	orah.L.Ruth PA		
50b02C11	(PROPOSED CORPORA	ATE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	rinal and one (1) copy of the ar	ticles of incorporation and	l 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 o Status
		ADDITIONAL CO	PY REQUIRED
		e (Printed or typed)	
10	047 Autumn Pine		
0	range Park FL 3		
90	04 432 6006	, State & Zip	
<u>D</u>	Ruth@WatsonR	Telephone number CealtyCorp.cor ed for future annual report	notification
	E-mail address. (to be ds	cu for future aimuai report	nouncation)

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



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

ame of the corpo		······································	
	VINCIPAL OFFICE Principal street address Principal Street address Principal Street address	•	Mailing address, if different is:
ange Pa	rk, FL 32065		
TCLE III PU	RPOSE n the corporation is organized is: SEI TO	eal estate	
	The state of the s		
		<u>. </u>	
ICLE IV SE	IARES		,
EICLE IV SP	IARES of stock is: 100		
umber of shares	of stock is: CO		
umber of shares	ITIAL OFFICERS AND/OR DIRECTOR		Omega Ruth VP
IUMBER OF Shares of ICLE V IN	ITIAL OFFICERS AND/OR DIRECTOR	_ Name and Title	
umber of shares	of stock is: 100 TTIAL OFFICERS AND/OR DIRECTOR tle: Deborah Ruth Pres.		Omega Ruth VP 1047 Autumn Pines Df Orange Park FL 32065
TICLE V IN Name and Ti Address	TTIAL OFFICERS AND/OR DIRECTOR tle: Deborah Ruth Pres. 1047 Autumn Pines Dr	_ Name and Title	1047 Autumn Pines Df
Name and Ti	TTIAL OFFICERS AND/OR DIRECTOR tle: Deborah Ruth Pres. 1047 Autumn Pines Dr	Name and Title Address:	1047 Autumn Pines Df Orange Park FL 32065
TICLE V IN Name and Ti Address	TTIAL OFFICERS AND/OR DIRECTOR tle: Deborah Ruth Pres. 1047 Autumn Pines Dr Orange Park FL 32065	_ Name and Title _ Address: Name and Title	1047 Autumn Pines DF Orange Park FL 32065
Name and Tit Name and Tit Name and Tit	TTIAL OFFICERS AND/OR DIRECTOR tle: Deborah Ruth Pres. 1047 Autumn Pines Dr Orange Park FL 32065	Name and Title Address: Name and Title Name and Title Address:	1047 Autumn Pines DF Orange Park FL 32065
Name and Tit Name and Tit Address Address	TTIAL OFFICERS AND/OR DIRECTOR tle: Deborah Ruth Pres. 1047 Autumn Pines Dr Orange Park FL 32065	Name and Title Address: Name and Title Name and Title Address:	1047 Autumn Pines DF Orange Park FL 32065
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Name and Tit Address Address Address	TTIAL OFFICERS AND/OR DIRECTOR tle: Deborah Ruth Pres. 1047 Autumn Pines Dr Orange Park FL 32065	Name and Title Address: Name and Title Address: Name and Title Name and Title	1047 Autumn Pines DF Orange Park FL 32065

Name and Title:	Name and Title:
Address	
	· ·
ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) or	f the registered agent is:
Name: Sandra Burns	
Address: 0 1047 Audumn Pines D	
Address.	<u>.</u> 21 cm.
Drange Park FL 320	265
ARTICLE VII INCORPORATOR	
The name and address of the Incorporator is:	
Name: Deborah Ruth	
Address: 1047 Autumn Pines	Dr .
Orange Park FL 33	
Having been named as registered agent to accept service of process this certificate am familiar with and accept the appointment as reg	for the above stated corporation at the place designated in
this certificate from juminar with and accept the appointment as reg	usierea agent ana agree io act in this capacity
Jandre Burns	
Required Signature/Registered Agent	Date '
I submit this document and affirm that the facts stated herein are document to the Department of State constitutes a third degree felon	true. I am aware that the false information submitted in a
TO I DI	11-
Required Signature/Incorporator	Date