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Certified Copies	Certificate	s of Status
Special Instructions to	Filing Officer:	





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SECHETARY OF STATE



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COVER LETTER

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

	RA JOHNSON ROOFING INC OPOSED CORPORARE NAME - MUST INCLUDE SUFFIX)	
Enclosed are an original an	d one (1) copy of the articles of incorporation and check for:	
\$70.00 Filling Fee	\$78.75 Filling Fees & Certificate of Status \$78.75 Filling Fee & Certified Copy & Certified Copy & Certificate of Status	
	ADDITIONAL COPY REQUIRED	
FROM:	Name (Printed or typed) 8499 NW LAKE Jeffery Rd	
	LAKE City F1 32055 City, State & Zip	
	386-755-2377 Daytime Telephone number	
	Ne Hie davis ince annual report notification) Email Adress: (to be used for future annual report notification)	

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

Division of Corporations Tallahassee Florida

Jul 8, 2014

To Whom It May Concern:

I am requesting that my corporation name of <u>RCRA JOHNSON</u> ROOFING, INC. Be released and I do not retain the name effective immediately.

This is a unanimous choice by the stockholders.

Thank you,

Druy C. Johnson



ARTICLES OF INCORPORATION

15 FEB 12 AM 8: 33

ARTICLES OF INCORPORATION 4 07 0, 33
in compliance with Chapter 607 and/or Chapter 621, F.S. (FIARY OF OTARE)
In compliance with Chapter 607 and/or Chapter 621, F.S. (Praft) ARTICLE I NAME The name of the corporation shall be: RCRA JOHNSON ROOF INSEE TO THE
ARTICLE II PRINCIPAL OFFICE
Principal street address 8499 NW LAKE JEHeney & mailing address, if different is:
LAKE City F1 32025
ARTICLE III PURPOSE The purpose for which the corporation is organized is: ANY & All LAWful Business
ARTICLE IV SHARES The number of shares of stock is: /DD
ARTICLE V INITIAL OFFICERS AND/OR DIRECTIONS Name and Title: MARY C TOHN/SON Name and Title: Address: SIGN NAME GENERAL SECTIONS Lake Mr. 32 32025 SCC
Name and Title: Ricky Thomasin PrayName and Title: Address: 8199 N Worke Jeffen Dodress: Lake City 90 3205 5
Name and Title: Rolly Cohn Sur V Name and Title: Address: Syga N W Suke Affers 20 Salu City 92 300 5
ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: Name:
Address: guag Nw She Jeffen Rk
ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Name: Nettie Davis, Inc. Address: 846 SW Main Blvd.
Lake City, FL 32025 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 May Ohn 50 2/15
Many Cohnson Required Signature/Registered Agent 5/1/15 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.
Xellie Have Andrews Andrews Date