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Certified Copies	Certificates	of Status		
Special Instructions to	Filing Officer:			





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SECRETARY OF STATE
FALLAHASSEE, FLORING

COVER LETTER

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

SUBJECT: RVGR,	Inc.		
30 0 3EC1	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	ginal and one (1) copy of the art	icles of incorporation and	d a check for:
\$70.00 Filing Fee		\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	& Certificate of Status
FROM: Ra	bian M. Brooks III		
520	Name 4 E. Longboat Blvd.	e (Printed or typed)	
	_	Address	
Tar	npa, FL 33615		
_	City,	State & Zip	
813	-789-3965		
	Daytime T	elephone number	
rbro	ooks@brooksbrookslaw.com		
	E-mail address: (to be use	d 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)

Tampa, FL 33615 ARTICLE II PURPOSE The purpose for which the corporation is organized is: Own and operate professional offices ARTICLE IV SHARES The number of shares of stock is: ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS Name and Title: Name and Title: Address S304 E. Longboat Blvd. Tampa, FL 33615 Name and Title: Address: Address: Address: Address: Address: Name and Title: Address: Address: Name and Title: Address:	ARTICLE I NAME The name of the corporate	ion shall be:		- CARLAD AN
Tampa, FL 33615 ARTICLE IV PURPOSE The purpose for which the corporation is organized is: Own and operate professional offices ARTICLE IV SHARES The number of shares of stock is: ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS Name and Title: Address S304 E. Longboat Blvd. Tampa, FL 33615 Name and Title: Name and Title: Address: Address: Address: Address: Address: Name and Title: Name and Title:	•	Principal street address		Mailing address, if different is:
The purpose for which the corporation is organized is: ARTICLE IV SHARES 100	Tampa, FL 33615			~ <u>~</u>
The number of shares of stock is: ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS Name and Title: Address Rabian M. Brooks III, President, Sec., T. Address: Tampa, FL 33615 Name and Title: Name and Title: Name and Title: Address: Name and Title:			erate professional	offices
The number of shares of stock is: ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS Name and Title: Rabian M. Brooks III, President, Sec., T. Address 5304 E. Longboat Blvd. Tampa, FL 33615 Name and Title: Name and Title: Address: Name and Title: Address: Name and Title:				
The number of shares of stock is: ARTICLE V				
Address 5304 E. Longboat Blvd. Tampa, FL 33615 Name and Title: Address: Name and Title:	The number of shares of	stock is:		Vera Brooks, Vice Precident
Name and Title: Name and Title: Address Name and Title:		·	_	
Address: Address: Name and Title: Name and Title:	1144.400	Tampa, FL 33615		Tampa, FL 33615
Name and Title: Name and Title:	Name and Title		Name and Title	
Name and Title: Name and Title:	Address		_ Address:	
			_	
Address: Address:	Name and Title		_ Name and Title	
	Address		_ Address:	

Name ar	nd Title:	Name and Title:
Addres	s	Address:
ADTICLE IVI	DECICTEDED ACENT	
	REGISTERED AGENT Plorida street address (P.O. Box NOT acceptable) o	f the registered agent is:
Name:	Rabian M. Brooks III	
Address:	412 E. Madison Street, Suite 900	-
	Tampa, FL 33602	_
ARTICI F VII	INCORPORATOR	
ine name and a	ddress of the Incorporator is:	
Name:	Rabian M. Brooks III	_
Address:	5304 E. Longboat Blvd.	_
	Tampa, FL 33615	_
ARTICLE VIII	EFFECTIVE DATE:	
Effective date, in	f other than the date of filing:	(OPTIONAL)
(If an effective days after the f		ot be more than five business days prior or 90 business
	e inserted in this block does not meet the applicable effective date on the Department of State's records.	statutory filing requirements, this date will not be listed as
Having been na this certificate, l	med as registered agent to gocept service of proces. I am familiar with and accept the appointment as re	s for the above stated corporation at the place designated in gistered agent and agree to act in this capacity
		7/29/15
	Required Signature/Registered Agent	Date
	cument and affirm that the facts stated herein are Department of State constitutes a third degree felor	true. I am aware that the false information submitted in a my as provided for in s.817.155, F.S.
_		7/29/15
Requ	uired Signature/Incorporater	Date