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COVER LETTER

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

SUBJECT: Raleigh	+ Mitchell Inc.		
SUBJECT:	(PROPOSED CORPORA	TE NAME – MUST INCL	JDE SUFFIX)
Enclosed are an orig	inal and one (1) copy of the arti	icles of incorporation and	l a check for:
\$70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	& Certificate of Status
		ADDITIONAL CO	PY REQUIRED
FROM: Chi	ristopher Raleigh Name	e (Printed or typed)	
400	S. Orlando Ave., Suite 204		
		Address	
Ma	itland, FL 32751		
 -	City,	State & Zip	
407	339 7989		
	Daytime T	elephone number	
cr@	raleighdesign.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)

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20 S. Orlando Ave., Suite 204 aitland, FL 32751 RTICLE III PURPOSE te purpose for which the corporation is organized is: to provide commercial interior design services	RTICLE I NAME	Raleigh + Mitchell Inc.		· <u> </u>
Principal street address Mailing address, if different is: 0 S. Orlando Ave., Suite 204 ditland, FL 32751 TICLE III PURPOSE e purpose for which the corporation is organized is: to provide commercial interior design services e purpose for which the corporation is organized is: to provide commercial interior design services e purpose for which the corporation is organized is: to provide commercial interior design services e purpose for which the corporation is organized is: to provide commercial interior design services e purpose for which the corporation is organized is: to provide commercial interior design services ### CICLE IV SHARES ### CICLE IV SHARES ### CICLE IV SHARES ### CICLE IV SHARES Name and Title:				
20 S. Orlando Ave., Suite 204 aitland, FL 32751 RTICLE III PURPOSE te purpose for which the corporation is organized is: to provide commercial interior design services t				Mailing address, if different is:
RTICLE IV SHARES The number of shares of stock is: Name and Title: Address Name and Title:		Principal street address		Maning address, it different is:
RTICLE IV SHARES 100 RETICLE V INITIAL OFFICERS AND/OR DIRECTORS Name and Title: Address Name and Title: Name and Title: Name and Title: Address Name and Title:	00 S. Orlando Ave., Su	ite 204		γ
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RTICLE IV SHARES 100 ne number of shares of stock is: RTICLE V INITIAL OFFICERS AND/OR DIRECTORS Name and Title: Address Mark Mitchell, manager Address: Mark Mitchell, manager 400 S. Orlando Ave. Suite 204 Maitland, FL 32751 Name and Title: Name and Title: Address: Address: Name and Title: Address: Name and Title:				
RTICLE IV SHARES 100 The number of shares of stock is: RTICLE V INITIAL OFFICERS AND/OR DIRECTORS Name and Title: Address Mark Mitchell, manager Address: Maitland, FL 32751 Name and Title: Name and Title: Address: Name and Title: Address: Name and Title:	RTICLE III PURPO	<u>OSE</u> to pro	vide commercial interi	or design services
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Name and Title: Name and Title: Name and Title: Address Name and Title: Mark Mitchell, manager Address: Maitland, FL 32751 Name and Title:	· .			<u></u>
Address Address		Christopher Raleigh, manager	_	Mark Mitchell, manager
Maitland, FL 32751 Maitland, FL 32751 Name and Title: Address Address: Name and Title: Name and Title: Name and Title:				
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	Address		Address:	

Name a	nd Title:	Name and Title:
Addres		Address:
	REGISTERED AGENT Florida street address (P.O. Box NOT acceptable) of t	the registered opent is:
Name:	Christopher Raleigh	ine registered agent is:
Address:	400 S. Orlando Ave., Suite 204	- 1
	Maitland, FL 32751) -b
RTICLE VII	<u>INCORPORATOR</u>	ි දි. වි ම
ne <u>name and a</u>	address of the Incorporator is:	~,
Name:	Christopher Raleigh	
Address:	400 S. Orlando Ave., Suite 204	
	Maitland, FL 32751	
ffective date, if an effective ays after the i	iling.)	be more than five business days prior or 90 business
	e inserted in this block does not meet the applicable st effective date on the Department of State's records.	tatutory filing requirements, this date will not be listed as
	med as registered agent to accept service of process f com familiar with and accept the appointment as regis	for the above stated corporation at the place designated in stered agent and agree to act in this capacity
1	his \ Llia	10/5/2015
	Required Signature/Registered Agent	Date
	cument and affirm that the facts stated herein are to Department of State constitutes a third degree felony	rue. I am aware that the false information submitted in a as provided for in s.817.155, F.S.
()	/ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	10/5/2015
Regi	aired Signature/Incorporator	Date