

P 16000022606 146

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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((H16000022606 3)))



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From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
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****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

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FLORIDA PROFIT/NON PROFIT CORPORATION

A Rocky Inc. Rocky Andreas, Inc.

Certificate of Status	0
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*
Attn: { Claretha Golden }
*

15 2/2/16

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Corporate Filing Menu

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COVER LETTER

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

SUBJECT: ROCKY ANDREAS, INC.

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and 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 COPY REQUIRED

FROM: ANDREAS PARAGIOS

Name (Printed or typed)

1550 11TH ST NE APT C-5

Address

WINTER HAVEN, FL 33881

City, State & Zip

863-877-6718

Daytime Telephone number

CMMCPAJJB@GMAIL.COM

E-mail address: (to be used for future annual report notification)

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

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16 JAN 27 PM 12:31
DEPT. OF STATE
TALLAHASSEE, FLORIDA



February 2, 2016

FLORIDA DEPARTMENT OF STATE
Division of Corporations

C T CORPORATION SYSTEM

RE-SUBMIT

Please retain original filing
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SUBJECT: ROCKY ANDREAS, INC.
REF: W16000007209

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The electronic filing cover sheet submitted with your document reflects the incorrect corporate name. The cover sheet must reflect the current name. Please generate a cover sheet under the appropriate corporate name. When resubmitting your document for filing, please also send a copy of the incorrect cover sheet marked "ABANDONED".

If you have any further questions concerning your document, please call (850) 245-6052.

Claretha Golden
Regulatory Specialist II
New Filing Section

FAX Aud. #: H16000022606
Letter Number: 716A00002196

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DEPT. OF STATE
TALLAHASSEE, FLORIDA



January 28, 2016

C T CORPORATION SYSTEM
****FAX FILING****

SUBJECT: A ROCKY INC.
REF: W16000006246

FLORIDA DEPARTMENT OF STATE
Division of Corporations

RE-SUBMIT

Please retain original filing
date of submission 1/27

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is L03000004289 (ROCKY, LLC).

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Tina D Cannon
Regulatory Specialist II

FAX Aud. #: H16000022606
Letter Number: 916A00001941

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

FILED

16 JAN 27 PM 12:31

ARTICLE I NAME
The name of the corporation shall be: ROCKY ANDREAS, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE II PRINCIPAL OFFICE
Principal street address
1518 7TH ST SW
WINTER HAVEN, FL 33880

Mailing address, if different is:
1518 7TH ST SW
WINTER HAVEN, FL 33880

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: TO ENGAGE IN ANY LAWFUL ACTIVITY.

ARTICLE IV SHARES
The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: ANDREAS PARAGIOS, PRESIDENT
Address: 1550 11TH ST NE APT C-5
WINTER HAVEN, FL 33881

Name and Title: EVDOKIA CHATZINIKOLA, SEC.
Address: 1550 11TH ST NE APT C-5
WINTER HAVEN, FL 33881

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____ Name and Title: _____
Address _____ Address: _____

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: ANDREAS PARAGIOS
Address: 1550 11TH ST NE APT C-5
WINTER HAVEN, FL 33881

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: ANDREAS PARAGIOS
Address: 1550 11TH ST NE APT C-5
WINTER HAVEN, FL 33881

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TALLAHASSEE, FLORIDA

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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



Required Signature/Registered Agent

2-1-16
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.



Required Signature/Incorporator

2-1-16
Date