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BEPARTMENT OF STATE

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COVER LETTER

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

subject: <u>R</u> e	nau In Spristy	ATENAME-MUSTINCL	UDE SUFFIX)
Enclosed are an orig	inal 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 of Status PY REQUIRED

FROM: Christopher R Burns Name (Printed or typed)
P.O. Box 513. Address
Quincy, FL 32353 City, State & Zip
Daytime Telephone number
Renauburns @ Vahoo. Com E-mail address: (to be used 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)

The name of the corporation shall be: REVAU	INFRUSTRUCTURE, I
ARTICLE II PRINCIPAL OFFICE Principal street address	Mailing address, if different is:
141 Cordova rd	Po Box 513
Quincy, FL 32352	QuIncy, FL 32353
ARTICLE III PURPOSE The purpose for which the corporation is organized is:	Quincy, FL 32353 Real estate Developer
ARTICLE IV SHARES The number of shares of stock is:	· · ·
Name and Title: () has to place Burn	Name and Title: Address:
Address P. O. Box 513	Address:
Quincy, Fl 323	<u></u>
Name and Title:	Name and Title:
Address	
Address	
Name and Title:	Name and Title:
Address	Address:
	· · · · · · · · · · · · · · · · · · ·

Name and Title:	Name and Title:	
Address	Address:	
		
ARTICLE VI REGISTERED AGENT	T. N. Caller and Second account	
The name and Florida street address (P.O. Box NOT acceptate	ole) of the registered agent	IS:
Name: Christopher Durns	<u>: </u>	
Address: Il Corclova rd		
Quincy, FC 323	52	
ARTICLE VII INCORPORATOR		•
The <u>name and address</u> of the Incorporator is:		
Name: Chaistopher R Burr	15 ,,,	
Addies: POBOX 513		
Quincy, FL3235.	3	
ARTICLE VIII EFFECTIVE DATE: Extractive date, if other than the date of filing: (I) on Affective date is listed, the date must be specific and days after the filing.)	(Oil)	
Note: If the date inserted in this block does not meet the applitude document's effective date on the Department of State's rec		sirements, this date will not be listed as
Having been named as registered agent to accept service of p this certificate, I am familiar with and accept the appointment	rocess for the above state as registered agent and a	d corporation at the place designated in gree to act in this capacity
Muit By		3/11/16
Required Signature/Registered Ager	it	Date
I submit this document and affirm that the facts stated herei	n are true. I am aware ti	hat the false information submitted in a
document to the Department of State constitutes a third degree	: jeiony as proviaca jor m	5.017.133, F.S.
Required Signature/Incorporator		