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COVER LETTER

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

_{SUBJECT:} Raid	der World Inc.			
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)	
Enclosed are an orig	inal and one (1) copy of the arti	cles of incorporation and	d 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 CO	OPY REQUIRED	
_{FROM:} <u></u> Jι	ustin Thompson Name	(Printed or typed)		
42	260 Porpoise Dr.	SE St.		
Address				
Petersburg, FL 33705				
76	60-884-7843	State & Zip		
<u>ra</u> i	derworldinc@gmail	.com	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 corporat	E Raider World Inc.				
ARTICLE II PRINCIPAL OFFICE Principal street address 4260 Porpoise Dr. SE St.		1	Mailing address, if different is	:	
Petersburg, F	. 				
• •	POSE the corporation is organized is: concept of advanced secur	ity operation	ons		
	······································			<u> </u>	
				<u>\$</u>	- 55
				F	- 1964 - 1964 - 1964
				R	10.00
				0 to	THE SERVICE OF THE SE
The number of shares of	RES stock is: 1000 common shares at par value	\$.01			. 14
		5			
	rial officers and/or director ;:Justin Thompson	_	.N/A		
Address	President / Director / Officer		•		
Address	4260 Porpoise Dr. SE St.	Address:			
,	Petersburg, FL 33705				
Name and Title	N/A	Nama and Titla	 .N/A		
Address			•		
Address		Address.			
Name and Title	N/A		N/A		
			<u>: . • </u>		
Address		Address:			
	•				

Name a	nd Title: N/A	Name and Title	:.N/A
Addres		Address:	
ARTICLE VI	REGISTERED AGENT		
The name and I	Florida street address (P.O. Box NOT acceptable) of	the registered ag	ent is:
Name:	Justin Thompson		
Address:	4260 Porpoise Dr. SE St.	_	
	Petersburg, FL 33705	· -	
ARTICLE VII	INCORPORATOR		
The <u>name and a</u>	address of the Incorporator is:		
Name:	Justin Thompson		
Address:	4260 Porpoise Dr. SE St.	-	
	Petersburg, FL 33705	-	
	med as registered agent to accept service of process I am familiar with and accept the appointment as reg		
	\mathbb{X}		6/8/2016
	Required Signature/Registered Agent		Date
I submit this do document to the	cument and affirm that the facts stated herein are Department of State constitutes a third degree felon	true. I am award y as provided for	e that the false information submitted in a in s.817.155, F.S.
	$\mathcal{N}_{\mathcal{I}}$		6/8/2016
	Required Signature/Incorporator		Date

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