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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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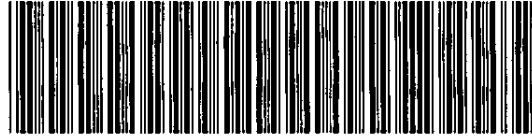
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
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## COVER LETTER

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

**SUBJECT:** RE Investments of Jacksonville, 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:** Caryl R. Stevens  
Name (Printed or typed)  
5540 Community Oaks Court  
Address  
Jacksonville, FL 32207  
City, State & Zip  
(904) 483-6438  
Daytime Telephone number  
Caryl174cs@outlook.com  
E-mail address: (to be used for future annual report notification)

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**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)

**ARTICLE I NAME**

The name of the corporation shall be: RE Investments of Jacksonville, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

5540 Community Oaks Court, Jacksonville FL 32207

PO Box 551095, Jacksonville FL 32255-1095

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Any purpose allowed by law.

**ARTICLE IV SHARES**

The number of shares of stock is: 100 (One Hundred)

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Caryl R Stevens, President

Name and Title: \_\_\_\_\_

Address 5540 Community Oaks Court  
Jacksonville, FL 32207

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_

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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: Caryl R. Stevens  
Address: 5540 Community Oaks Court  
Jacksonville, FL 32207

**ARTICLE VII INCORPORATOR**

The **name and address** of the Incorporator is:

Name: Caryl R. Stevens  
Address: 5540 Community Oaks Court  
Jacksonville, FL 32207

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**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: July 29, 2016. (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*

Caryl R. Stevens 7/29/2016  
Required Signature/Registered Agent 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.*

Caryl R. Stevens 7/29/2016  
Required Signature/Incorporator Date