P1000084548

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	ısiness Entity Naı	me)
(Do	 cument Number))
Certified Copies	_ Certificate:	s of Status
Special Instructions to	Filing Officer:	
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C. GOLDEN: 0CT 2 0 2016

CORPORATE ACCESS,

When you need ACCESS to the world

INC.

236 East 6th Avenue. Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

WALK IN

	PICK U	P: 10-20-16	
	CERTIFIED COPY		
X	РНОТОСОРУ		
	CUS		
ightharpoonup	FILING	Inc.	
<u>k</u>	C.K.A. Investm DRPORATE NAME AND DOCUMENT	ents Inc.	
(CC	DRPORATE NAME AND DOCUMEN	Γ#)	
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(CC	DRPORATE NAME AND DOCUMENT	Γ#)	
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CIAL TRUCTI	ONS:		

COVER LETTER

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

SUBJECT: R.C.	K.A. INVESTMENTS INC.				
SUBJECT	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)		
Enclosed are an o	original and one (1) copy of the arti	cles of incorporation and	i a check for:		
\$70.00		\$78.75	\$87.50		
Filing Fee	Filing Fee & Certificate of Status	Filing Fee	Filing Fee,		
	& Certificate of Status	& Certified Copy	Certified Copy & Certificate of		
			Status		
		ADDITIONAL CO			
				j	
FROM:	MARLEN OLIVA				
TROM	Name	(Printed or typed)			
,	7290 SW 41 ST				
<u>.</u>					
	A	Address			
]	MIAMI, FL. 33155				
-		State & Zip		9	
	City,	State & Zip	•	(3)	-:-}
;	305-801-7440		` .	ر ۸ د ۸	
-	Daytime To	elephone number		C.	; * }
	moliva4030@yahoo.com	,		777	: :;
I.				N	
	E-mail address: (to be used	I for future annual report	notification)	ហ	
			"	Ø	

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

EFFECTIVE DATE 10/19/14

FILED

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

16 GCT 20 TH 2:59

	ation shall be:		
RTICLE II PRIN			
.C.K.A. INVESTME	Principal street address NTS INC.	Mailing addre	ess, if different is:
290 SW 41 ST			
IIAMI, FL. 33155			
RTICLE III PURP ne purpose for which	.000	NY AND ALL LAWFUL BUSINESS	
TICLE IV SHAR	ES 100 f stock is:		
e number of snares of	I STOCK IS:		
RTICLE V INITI	AL OFFICERS AND/OR DIREC	TORS	
		Name and Title:	
Address			
Addiess		A ddrace:	
	7290 SW 41 ST	Address:	
Name and Title	7290 SW 41 ST MIAMI, FL. 33155		
	7290 SW 41 ST MIAMI, FL. 33155	Name and Title:	
Name and Title Address	7290 SW 41 ST MIAMI, FL. 33155		
	7290 SW 41 ST MIAMI, FL. 33155	Name and Title:	
Address	7290 SW 41 ST MIAMI, FL. 33155	Name and Title:Address:	
Address Name and Title	7290 SW 41 ST MIAMI, FL. 33155	Name and Title:Address:Name and Title:	
Address	7290 SW 41 ST MIAMI, FL. 33155	Name and Title:Address:Name and Title:	

Name a	and Title:	Name and Title:	
Addre	ss	Address:	
			_
	<u>REGISTERED AGENT</u> Florida street address (P.O. Box NOT acceptate	e) of the registered agent is:	
Name:	MARLEN OLIVA	of the registered agent is.	
Address:	7290 SW 41 ST		16 (
	MIAMI, FL. 33155	.· 	
<u>ARTICLE VII</u>	<u>INCORPORATOR</u>	· · · · · · · · · · · · · · · · · · ·	
The name and	address of the Incorporator is:		52
Name:	MARLEN OLIVA	, " (c	."I O
Address:	7290 SW 41 ST	<u> </u>	
	MIAMI, FL. 33155		
Effective date, i		. (OPTIONAL) nunot be more than five business days prior or 90	busine
	te inserted in this block does not meet the applic	able statutory filing requirements, this date will not b	e listed
	effective date on the Department of State's reco	rds. Ocess for the above stated corporation at the place de	acianat.
		is registered agent and agree to act in this capacity	argrun
		10/19/2016	
	Required Signature/Registered Agen	Date	···
	ocument and affirm that the facts stated herein Department of State constitutes a third degree	are true. I am aware that the false information subfelony as provided for in s.817.155, F.S.	bmitted
		10/19/2016	
	uired Signature/Incorporator		