

P/6000095920

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

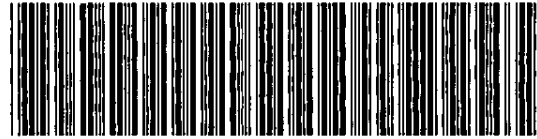
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
DIVISION OF CORPORATE  
2016 DEC -5 PM 2:15

EFFECTIVE DATE 11/30/16

12/06/16

## COVER LETTER

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

SUBJECT: \_\_\_\_\_

R-n-D - Realty, 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: \_\_\_\_\_

Rosa M. Deliso  
Name (Printed or typed)

602 SW 29<sup>th</sup> Street  
Address

Cape Coral, FL 33904  
City, State & Zip

239-826-1382  
Daytime Telephone number

rdrealityinc@gmail.com  
E-mail address: (to be used for future annual report notification)

EIN: 81-4546263

**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: B-n-D Realty, Inc

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

602 SW 29<sup>th</sup> St  
Cape Coral, FI 33904

P.O. Box 100463  
Cape Coral, FI 33910

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Property Management,  
Home Sales, Home Watch

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**ARTICLE IV SHARES**

The number of shares of stock is: 1

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

Name and Title: Bosa M. Deliso

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

Address: 602 SW 29<sup>th</sup> St

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

Cape Coral, FI  
33904

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**

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

Name: Bosa m Deliso

Address: 602 SW 29<sup>th</sup> St  
Cape Coral, FL 33914

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**ARTICLE VII INCORPORATOR**

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

Name: Bosa m. Deliso

Address: 602 SW 29<sup>th</sup> St  
Cape Coral, FL 33914

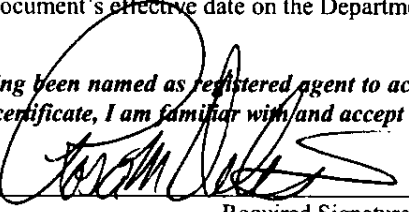
**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: 11-30-16 (OPTIONAL)

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

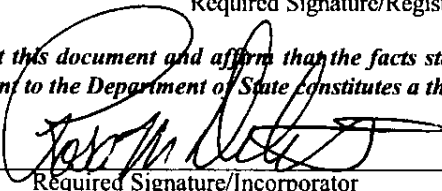
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*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*

X   
Required Signature/Registered Agent

11-30-16  
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.*

X   
Required Signature/Incorporator

11-30-16  
Date