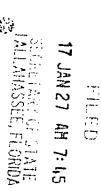
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| Special Instructions to | Filing Officer: | | |
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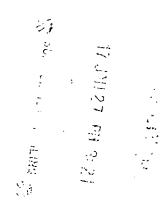
Office Use Only



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01/30/17--01001--013-53



T. BURCH JAN 2 7 2017

COVER LETTER

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

| SUBJECT: | OGENS THAT IN (PROPOSED CORPORA | /C . TE NAME ~ <u>MUST INCL</u> | UDE SUFFIX) | |
|---|--|--|--|--|
| Enclosed are an original | ginal and one (1) copy of the art | icles of incorporation and | d a check for: | |
| □ \$70.00 Filing Fee | □ \$78.75 Filing Fee & Certificate of Status | \$78.75 Filing Fee & Certified Copy ADDITIONAL CO | \$87.50 Filing Fee, Certified Copy & Certificate of Status | |
| FROM: | Auz Ro | <u> </u> | | |
| FROM: Augz Rogers Name (Printed or typed) 6576 Verbenz Rozal Address | | | | |
| Jacksonville, fl 32209 City, State & Zip | | | | |
| | 904) 472-9 Daytime T | | | |
| | rogersthet Inde | Ognzili COM d fo future annual report | notification) | |

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

1/27/17

To whom it may concern.

Rogers That Inc. P/1000090159 I Ay'A L. Rogers will not reinstate this corporation.

Avja L. Rogers

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: Rogers | That | Inc. |
|---|------------------------------------|--------------------------|--|
| ARTICLE II PRINCIPA Pri | IL OFFICE ncipal street address | | Mailing address, if different is: |
| 5516 Ver | benz Road | _ | |
| Uzcksonu | 16, FL 32205 | _ | |
| ARTICLE III PURPOSE The purpose for which the c | orporation is organized is: | | |
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| | | | 11 A 11 B 12 B 14 B 14 B 14 B 14 B 14 B 14 B |
| Name and Title: Address | | Presi Road L 32700 | ame and Title: Queen Regere Se ddress: _5516 Verbonz Road Tacksonville, Fr 32201 |
| Name and Title: | | N | ame and Title: |
| Address | | | address: |
| | , | | |
| Name and Title: | · | N | Tame and Title: |
| Address | | A | 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 accept Name: Address: Solve Verbene 1 Jacksonville FL 32209 | etable) of the registered agent is: |
| ARTICLE VII INCORPORATOR | |
| The name and address of the Incorporator is: | 7: 46 STATE FLORID |
| Name: Aujz Rogers Address: 5516 Verbonz Sachianville Fl 32208 | Poach |
| Address: 55/6 VEVICES | <u> </u> |
| filing.) | d cannot be more than five days prior or 90 days after the plicable statutory filing requirements, this date will not be listed as |
| Having been named as registered agent to accept service of this certificate, I am familiar with and accept the appointme | process for the above stated corporation at the place designated in the registered agent and agree to act in this capacity |
| Required Signature/Registered Ag | ent Date |
| I submit this document and affirm that the facts stated her document to the Department of State constitutes a third degr | ein are true. I am aware that the false information submitted in a ree felony as provided for in s.817.155, F.S. |
| Required Signature/Incorporator | Date |
| | |