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COVER LETTER

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

SUBJECT:	The Reloca	tion Rest	toes, Inc.		
	(PROPOSED CORPORA	TE NAME – <u>MUST INCLI</u>	JDE SUFFIX)		
Enclosed are an orig	ginal and one (1) copy of the art	icles 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:	Robert 1	Lorente e (Printed or typed)			
_\	405 SW. 19	OT QUE.,	scite 217-C		
City, State & Zip					
_	(305) 97 (Daytime 1	S- 1152 Telephone number			
_	E-mail address: (to be use	TOSURANCE	e. vet		

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)

name of the corpor	ation shall be: The Relo	soites	KeAltors	1 Tuc
TICLE II PRIN	CIPAL OFFICE Principal street address	Λ	Mailing address, if diffe	rent is:
	0. 107 ave., suite à	217-C		
W. C. C. C. D.	•	legal	Disiness	
			· · · · · · · · · · · · · · · · · · ·	
			417-9	
		A. A. C. A.		
number of shares o	f stock is:			
number of shares o		Name and Title:	P, S, T	
number of shares o	ALOFFICERS AND/OR DIRECTORS 10: Robert Llorente 1405 S.W.107 QVE	_ Address:	: P, S, T	
number of shares o FICLE V INITI Name and Tit	al Officers and/or directors le: Robert Weenle	Address:	P, S, T	17 E-R 18 PM 1: 27
Name and Tit	ALOFFICERS AND/OR DIRECTORS 10: Robert Warne 1405 S.W.107 Que Soite 217-C	Address:		# 1:27
number of shares	AL OFFICERS AND/OR DIRECTORS Le: Robert Llorente 1405 S.W. 107 QVE Soite 217-C Wismi, FL 33	Address: Name and Title: Address:		5141L 03141L
number of shares of the number of shares of shares of	ALOFFICERS AND/OR DIRECTORS 10: Robert Worke 1405 S.W.107 QVe Soite 217-C Mismi, FL 33	Address: Name and Title: Address:		S1416 PT 8410A
number of shares of shares of shares of shares. Name and Tit Address. Name and Title Address.	AL OFFICERS AND/OR DIRECTORS Le: Robert Llorente 1405 S.W. 107 QVE Soite 217-C Wismi, FL 33	Address: Name and Title: Address:		5:41L 0:27

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: Robert Locente	-
Address: 90 Edgewater De	PH-17
MiAni FL 3313	2 ~
MARCI PC 331	د, ر
ARTICLE VII INCORPORATOR	
The <u>name and address</u> of the Incorporator is:	
Name: Robert Llose Ne	
Address: 90 Edgewater DR,	71-H9
Mun EL 331	3.3
ARTICLE VIII EFFECTIVE DATE:	
Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot	(OPTIONAL)
(If an effective date is listed, the date must be specific and cannot filing.)	be more than live days prior or 90 days after the
Note: If the date inserted in this block does not meet the applicable sthe document's effective date on the Department of State's records.	statutory filing requirements, this date will not be listed as
Having been named as registered agent to accept service of process this certificate, I am familiar with and accept the appointment as reg	
MATH	2-9-17
Required Signature/Registered Agent	3-9-17 Date
I submit this document and affirm that the facts stated herein are	rue. I am aware that the false information submitted in a
document to the Department of State constitutes a third degree felong	o as provided for in s.81/.155, F.S.
Required Signature/Incorporator	3-4-11 Date