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(Requestor's Name)					
(Address)					
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(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
(Basament Namber)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer					
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COVER LETTER

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

rananassee, r L	. 525	14			
SUBJECT: RB	KJIN	VESTMENTS, INC	TTT 87 . 8		TIME STOWN
		(PROPOSED CORPORA	1E NAM	HE - <u>MOST INCL</u>	UDE SUFFIX)
Enclosed are an	origi	inal and one (1) copy of the art	icles of	incorporation and	l a check for:
■ \$70.00 Filing Fee		□ \$78.75 Filing Fee & Certificate of Status	Fil & 0	Eertified Copy	& Certificate of Status
			AL	DITIONAL CO	PPY REQUIRED
FROM	RIT.	A JACKMAN	/ Daily	1	
Name (Print 528 SE 33RD TERRACE Addres CAPE CORAL, FL 33904 City, State of			: (17tinte	a or typea)	
		\ddress			
		E CORAL, FL 33904			
		State &	Zip		
	239-	689-1096			
	Daytime Telephone number				
LEGAL@YOUR-ADVOCATES.ORG					
E-mail address: (to be used for fut			ure annual report r	notification)	
	N	SOTE: Please provide the or	riginal	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: RBKJ INVESTMENTS, INC			
ARTICLE II PRINCIPAL OFFICE Principal street address	Mailing address, if different is:		
528 SE 33RD TERRACE	528 SE 33RD TERRACE		
CAPE CORAL, FL 33904	CAPE CORAL, FL 33904		
ARTICLE III PURPOSE The purpose for which the corporation is organized is: ANY AND	ALL LAWFUL USE		
ARTICLE IV SHARES The number of shares of stock is: 1000 @ \$1.00			
ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS Name and Title: RITA JACKMAN- P 528 SE 33RD TERRACE CAPE CORAL, FL 33904	Name and Title: Address:		
Name and Title:Address	Name and Title: Address:		
Name and Title:Address	Name and Title: Address:		

Name and Title:		Name and Title:		
Address		Address:		
	REGISTERED AGENT			
Name:	lorida street address (P.O. Box NOT acceptable) KATHLEEN FLYNN	of the registered agent is:		
-	4807 SUNSET CT UNIT 701			
	CAPE CORAL, FL 33904			
ARTICLE VII	INCORPORATOR			
	ddress of the Incorporator is:			
Name: Address:	RITA JACKMAN			
	528 SE 33RD TERRACE			
	CAPE CORAL, FL 33904			
Effective date, if (If an effective of filing.)		. (OPTIONAL) not be more than five days prior or 90 days after the		
	e inserted in this block does not meet the applicable iffective date on the Department of State's record.	the statutory filing requirements, this date will not be listed as s.		
		ess for the above stated corporation at the place designated in registered agent and agree to act in this capacity		
		01/21/2018		
	Required Signature/Registered Agent	Date		
	cument and affirm that the facts stated herein a Department of State constitutes a third degree fel	re true. I am aware that the false information submitted in a ony us provided for in s.817.155, F.S.		
<		01/21/2018		
Requ	ired Signature/Incorporator	Date		