P20000014429

(Requestor's Name)					
(Address)					
(Address)					
(Addicas)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
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SECRETAIN OF STATI

N CULLIC ***
FEB 1 9 7020

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

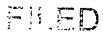
Rabbit Landlord Serv	ices. Inc.	<u></u>		
		· · · · · · · · · · · · · · · · · · ·		
				
				Art of Inc. File
				LTD Partnership File
			<u></u>	Foreign Corp. File
				L.C. File
				Fictitious Name File
				Trade/Service Mark
				Merger File
				Art, of Amend, File
				RA Resignation
				Dissolution / Withdrawal
				Annual Report / Reinstatement
				Cert. Copy
				Photo Copy
				Certificate of Good Standing
				Certificate of Status
				Certificate of Fictitious Name
				Corp Record Seurch
				Officer Search
				Fictitious Search
Signature				Fictitious Owner Search
•				Vehicle Search
				Driving Record
Requested by: Seth	02/14/20			UCC or 3 File
Name	Date	Time		UCC 11 Search
				UCC 11 Retrieval
Walk-In Ponder's Printing - Thom sevine GA 8/00	Will Pick Up			Courier

COVER LETTER

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

SUBJECT: Rabbit Landlord Servic	es, Inc.	
(PROPOSED CORPORA	TE NAME – <u>MUST INC</u> I	LUDE SUFFIX)
Enclosed are an original and one (1) copy of the artic	cles of incorporation an	d a check for:
\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL C	\$87.50 Filing Fee, Certified Copy & Certificate of Status OPY REQUIRED
FROM: Aman Law Firm - Attention	on: Jeffrey A. Ama e (Printed or typed)	an, Esquire
282 Crystal Grove Blvd.	Address	
Lutz, FL 33548	State & Zip	
813-265-0004 Daytime T	Celephone number	
jeffa@amanlawfirm.com E-mail address: (to be use	led for future annual repo	rt notification)

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. (Profig020 FEB 18 PM 12: 02

ARTICLE I The name of the cor	NAME Rabbit Landlord Services, poration shall be:	Inc. SECRETARY OF STATE
ARTICLE II	PRINCIPAL OFFICE	TALLAHASSEE, FL
	Principal street address	Mailing address, if different is:
7.5	N. Lemon Avenue	waning address, it different is:
Bı	rooksville, FL 34601	
_		
ARTICLE III F	PITEDOCE	
	ich the corporation is organized is:	
Any and all lav	wful business	
•		
ARTICLE IV	SHARES	
	s of stock is: 1,000.00	
ADTIOLE TO	INTERIOR CONTINUES AND CONTINUES	
Name and Titl	INITIAL OFFICERS AND/OR DIRECTORS le:Carl Stratton D.	•
Address:	75 N. Lemon Avenue	Name and Title:
	Brooksville, FL 34601	
		
Name and Titl Address:	e:}	Name and Title:
Address:	· 	Address:
Name and Titl	e:	Name and Title:
Address:		Address:
RTICLE VI	REGISTERED AGENT	
he <u>name and Flori</u>	da street address (P.O. Box NOT acceptable) of the	e registered agent is:
Name:	Aman Law Firm	
Address:	282 Crystal Grove Rlvd	
	Lutz, FL 33548	
RTICLE VII I	NCORPORATOR	
	ess of the Incorporator is:	
Name:	Jeffrey A. Aman	
Address:	282 Crystal Grove Blvd	
	282 Crystal Grove Blvd Lutz, FL 33548	
lanina basa wan sa		
uving been namea is certificate I am	as registered agent to accept service of process for	or the above stated corporation at the place designated in
cornyteate, 1 am	familiar with and accept the appointment as registe	rea agent and agree to act in this capacity
$\overline{}$	Xs.An _	00/47/0000
	Required Signature/Registered Agent	02/17/2020
	Required Signature/Registered Agent	Date
submit this docum	ent and affirm that the facts stated herein are tru	e. I am aware that the false information submitted in a
ocument to the Dep	artment of State constitutes a third degree felony as	s provided for in s.817,155. F.S.
_	- · · · · · · · · · · · · · · · · · · ·	<u> </u>
~	XA.Br	02/17/2020
	Required Signature/Incorporator	Date
· · · · · · · · · · · · · · · · · · ·		