3/29/23, 3:29 PM

Division of Corporations

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H23000118995 3)))



H230001189953ABC5

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : USACORP INC. Account Number : I20130000019 Phone : (718)362-4789 Fax Number : (718)408-2550

Enter the email address for this business entity to be used for future. annual report mailings. Enter only one email address please.

Email Address: tgillooly@icon-electric.com

FLORIDA PROFIT/NON PROFIT CORPORATION

RT Anderson Enterprises INC.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$70.00

Electronic Filing Menu Corporate Filing Menu

Help



03/29/2023 16:05 From:17184082550 To:18506176381 Date Time 03/29/23 04:05PM Pages: 3 P: 2/3

(((H23000118995.3)))

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAM	IE RT Anderson F	Interprises INC.	
•	-	<u> </u>	
ARTICLEII PRE	NCIPAL OFFICE Principal <u>street</u> address kway	Mailing ad 6623 Kinespointe P	dress, if different is: Parkway,
Orlando, FL 32819	Avas	Orlando, FL 32819	
			
		• • •	
	POSE General hathe corporation is organized is:		
		· ·	, 20
			2023 M
		,	MAR 2
			R 29 AM
			SS C A
			ms:
ARTICLE IV SHA	<u>RES</u> 100		I: 45 E, FL
The number of shares	of stock is:		ش قا
	TAL OFFICERS AND/OR DIRECTORS		
Name and Ti	tle: Timothy Gillooly, Vice President	Name and Title:	,
Address	6622 Kingspointe		
. Ideal Box	Orlando, FL 32819		

Name and Tit	le: Randall Lee Anderson, President	Name and Title:	
Address	252 Goldstar Street	Address:	
Address	Henderson, Nevada 89012	Address.	
	Trenderson, vevado a varia		
Name and Tit Address	le:		
		Address:	

00118995 3)))		
Name and	l Title:	Name and Title:
Address	-	Address:
ARTICLE VI - I	REGISTERED AGENT	
	<u>irida street address</u> (P.O. Box NOT accept	able) of the registered agent is:
Name:	Timothy Gillooly	
Address:	6622 Kingspointe Parkway.	
	Orlando, FL 32819	202
		FALLAHASSEE, FL
<u>ARTICLE VII</u>	<u>NCORPORATOR</u>	H.Y.Y.
The name and ad	dress of the Incorporator is:	ASS C
Name:	Timothy Gillooly	
Address:	6622 Kingspointe Parkway.	MAR 29 AM 1. 46 TALLAHASSEE, FL
	Orlando, FL 32819	
Effective date, if a	EFFECTIVE DATE: other than the date of filing:	
(If an effective days after the fili		cannot be more than five business days prior or 90 b
Note: If the date i	nserted in this block does not meet the app	icable statutory filing requirements, this date will not be
the document's ef	fective date on the Department of State's re	cards.
		process for the above stated corporation at the place des t as registered agent and agree to act in this capacity
/s/	Timothy Gillooly	3/29/23
	Required Signature/Registered Age	nt Date
	ment and affirm that the facts stated herei Department of State constitutes a third degre	n are true. I am aware that the false information submit e felony as provided for in s.817,155, F.S.
	s/ Timothy Gillooly	3/29/23
Requir	ed Signature/Incorporator	Date

03/29/2023 16:05 From:17184082550 To:18506176381 Date Time 03/29/23 04:05PM Pages: 3 P: 3/3