Department of State Division of Corporations P. O. Box 6327 Tallahassoe, FL 32314

| SUBJECT: RE R. R. SUFFEY CO. INC. | ·anniti | $\lim_{t\to\infty} H(t) = \frac{1}{t} \cdot \frac{A^t}{t}$ |
|---|---------|--|
| (Proposed corporate name - must include suffix) | | |

| Enclosed is an original and one (1) copy of the articles of incorporation and a check | | | | | | |
|---|---|----------------------------------|--------------------------------------|---|--|---------------------------------|
| for: | \$70.00 Filing Fee | \$78.75 Filing Foo & Cortificate | \$122.50 Filing Fee & Certified Copy | \$131.25 Filing Foo, Certified Copy & Certificate | 95 FEB - 6 AM 8: 14 TÄLLAHASSEE, FLORIDA | ENCYPTA ET EXTENS CARTAGO |
| | FROM: ROBERT A. CHRISTIE Name (printed or typed) | | | | | |
| | | 9739 | 5. W . 138 . Address | AVE. | 8: I t | |
| | | <u>MIAMI</u> Cit | FL 33 y, State & Zip | 186 | / | |
| | | | BB3 - 8196 Telephone number | o was | 11 ¹ 45 | |

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



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

January 25, 1995

ROBERT A. CHRISTIE 9739 S.W. 138TH AVENUE MIAMI, FL 33186

SUBJECT: R & R SUPPLY CO., INC.

Ref. Number: W95000001745

D/B/A FOR GIVE AND FOR GET

We have received your document for R&RSUPPLY CO., INC. D/B/A FOR GIVE AND FOR GET and check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

Corporations may file using only the corporate name. Please delete any reference to the "doing business as name" in your document. If you wish to register your fictitious name, you may do so by filing the enclosed application and submitting the appropriate fees to this office.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6934.

Loria Poole Corporate Specialist

Letter Number: 495A00003123

ARTICLES OF INCORPORATION

SFB-6 M 8: 14

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE | NAME

The name of the corporation shall be:

RAR SUPPLY CD., INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

9739 S.W. 138 AVE. MIAMI, FL 33186

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

1000

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

ROBERT A CHRISTIE 9739 SW. 138 AVE. MIAMI, FL 33186

ARTICLE V INCORPORATORISI

The name(s) and street address(as) of the incorporator(s) to those Articles of Incorporation is(are):

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

30,49 day of JANUARY, 1995.

Signature

Signature

Articles of Incorporation Filing Fee - \$35

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 or 617.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

| 1. | The name of the corporation is: K . Supply | <u></u> | اا | <u> </u> | |
|----|--|---------|--|----------------|------|
| | The second secon | | | - . | |
| 2. | The name and address of the registered agent and office is: | 1 | ĕs | ઝ | |
| | ROBERT A. ChRISTIE | | | 933 g | |
| | (Namo) | | PSE! | φ | j me |
| | 9739 S.W. 138 AVE. | | —————————————————————————————————————— | F | |
| | (P.O. Box not acceptable) | | 윤 | 8: | |
| | MIRMI- FL 33186 | 1 | A N | ţ | |
| | (City/State/Zip) | | | | |

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

John Alleria 1-13-95
(Signature) (Date)

| PLEASE READ | ALL INST | RUCTIONS | BEFORE C | OMPLET | ING THIS FOR | <u>1M</u> |
|--|-------------------|---|--|---------------------|--|---|
| APPLICATION FOR REINSTATEMENT | | A DEPARTMENT OF THE PROPERTY AND A SECOND OF A SECOND | 189 | 3 | | LEO Y DE STATE CORPORATIONS |
| DOCUMENT # | | | | | 96 SEP 2 | 84 :01 MA |
| R&R Supply Co., Inc | • | | | | | |
| Principal (Sacie of Digingera | Mailing | Addrosa | | _4 | amatumu te tika | Catanana and Ch |
| 4427 Exchange Ave. Unit "F" | | | -1 | -10/15/9 ++++375 | 715390401 601029001 5.00 ****375.00 | |
| Naples, F1 34104 | | | | | | |
| # above addresses are incorrect in any way, line through incorrect information 2. New Proceput Office Address: If Applicable 1. New Mailing Address 1. Nextress Address 1. New Mailing Address 1. New Mailing Address 1 | | ng Address, If Applica | if enter correction below If Applicable 4 | | DO NOT WIN'T 11 TO Contect or Qualificat Dess in Florida D 6 , 1995 | HB BPACE |
| Stude Apr # etc | Stelle Apt #. | olc | | 5 FEI Numba | , | Applied For |
| City & State | City & State | | | 65-0 | 560780 | Not Applicable \$8.75 Additional Fee required |
| Zip Country | Zip | Country | , | CERTIFICATI | OF STATUS DESIRED | for a Certificate of Status |
| 7. Names and Street Addresses of Each Officer and | or Director (Floi | | | | | |
| Starra of Officers and/or Directors | | Į Otri | iet Addrens of Each der wiid/or Diroctor o Post Offica Box N | | Cn 4 | y / State / Zip |
| <u> </u> | | | | | | |
| Pres. Robert A. Christ | <u>ie</u> | <u>44 Benn</u> | ington D | r. #3 | Naples, F | 1 34104 |
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| | | | | | | |
| B. Name and Address of Current | Registered Age | nt | | 9. Name and / | Address of New Registo | |
| | | | Namo | | | CR2E(44) (12.95) |
| Robert A. Christie 44 Bennington Dr. #3 | | | Street Address (P | O. Box Number | is Not Acceptable) | 0+032 |
| Naples, F1. 34104 | | | Suite, Apt. #, Etc. | | | 5 |
| | | | | | State Zip Code | |
| 10 I, being appointed the registered agent of the abo | ye named corpo | ration, a <u>m</u> familiar wit | n and accept the ob | oligations of Secti | - | <u> </u> |
| Signature of | Che | | | | Date _09/17 | 7/96 |
| Registered Agent Headell ME | GISTERED AG | ENT MUST SIGN | | | | |
| 11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No X (See other side for information on intangent plax.) | | | | | | |
| 12 I do hereby certify that the information supplied with this filing is voluntarily lurn, shed and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes, I re- tease the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access, I certify that I am an officer or if factor or the receiver or trustne empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, are reisson for dissolution has been eliminated, the corporate name satisfies the requirements of section 607,0401 or 617,0401, F.S., and that all tens deed by the corporation have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under outh | | | | | | |
| SIGNATURE: STOLL AND TYPED OR PRI | MTED NAME OF S | HIGNING OFFICER OF D | HECTOR | 9-17 | 7-96 941 Date | - 261 - 5546 Daytime Phone • |