P95000046597

WIN/95

PBR

Requestor's Name

Address

City State ZIP Phone

VALIDATION ONLY

600015138116
-06/15/95-01020-020
****122.50 ****122.50

CORPORATION(S) NAME

R. L. M. IND. INC.

FILED

( ) Profit
( ) NonProfit
( ) Amendment
( ) Merger
( ) Foreign
( ) Dissolution
( ) Mark
( ) Limited Partnership
( ) Reinstatement
( ) Annual Report
( ) Reservation
( ) Other
( ) Change of Registered Agent
( ) Certified Copy
( ) Photo Copies
( ) Certificate Under Seal
( ) Call When Ready
( ) Walk In
( ) Will Wait
( ) Call If Problem
( ) Pick Up
( ) After 4:30
( ) Mail Out

Name Availability
Document Examiner
Updater
Verifier
Acknowledgment
W.P. Verifier

CR2E031 (R8-85)

CERTIFIED COPY

JUN 15 1995

EXAMINER

EXPIRE Toll Free: 1-800-432-3028

R.L.M = 904-957-6054

ARTICLES OF INCORPORATION

The undersigned, acting as incorporator(s) of a corporation under the Florida General Corporation Act, adopt the following articles of incorporation for such corporation:

The name of the corporation is R.L.M Ind. Inc.

The period of its duration is perpetual.

The purpose is to engage in any activities or business permitted under the laws of the United States and Florida.

The principal place of business of the corporation is

10425 Buena VenTura Dr. Boca Raton FL 33498.

The corporation shall have authority to issue 100 shares, all of one class, ONE@1 par value.

The address of its initial registered office is _____

10425 Buena VenTura Dr. Boca Raton Fl 33498

and the name of its initial registered agent at said address is Same

The number of directors constituting its initial board of directors is 1 whose name(s) and address(es) is(are)

Name	Address
Roseanne MulHolland	10425 Buena VenTura Dr Boca Raton FL 33498

The name(s) and address(es) of the incorporator(s) is(are):

Name	Address
Roseanne MulHolland	10425 Buena VenTura Dr. Boca Raton FL 33498

_____

_____

_____

Signature of Incorporators

Dated May 22, 1995

STATE OF FLORIDA
COUNTY OF _____

Before me, the undersigned authority, personally appeared ROSEANNE MulHOLLAND who is to me well known to be the person described in and who subscribes the above articles of incorporation, and he did agree and voluntarily acknowledge before me according to law that he made and subscribed the same for the uses and purposes therein mentioned and set forth.

IN WITNESS WHEREOF, I have hereunto set my hand and my official seal, at Boca Raton in said County and State this 22 day of JUNE, 1995.

William Ray Belcher
Notary Public
STATE OF FLORIDA

My commission expires JUNE 16, 1997

WILLIAM RAY BELCHER
Notary Public State of Florida
My Commission Expires ... 16, 1997
Commission No. CC 264979

FILED

FEES: $122.50

CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of section 607.0501, Florida Statutes, the undersigned corporation organized under the laws of the state of Florida, submits the following statement to designate the registered office/registered agent, in the state of Florida.

1. The name of the corporation is: R.L.M. Ind. Inc.

2. The name and address of the registered agent and office is:

Roseanne MuhHolland
(Name)

10425 Buena Ventura Dr.
(P.O. Box Not Acceptable)

Boca Raton FL 33498
(City/State/Zip)

SIGNATURE [signature]
(Corporate Officer)

TITLE President

DATE June 7, 1995

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.

SIGNATURE [signature]

DATE 6/7/95

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000046597

FILED
96 OCT -2 PM 6:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Corporation Name
R.L.M. IND., INC.

Principal Place of Business
10425 BUENA VENTURE DR
BOCA RATON FL 33498

Mailing Address
10425 BUENA VENTURE DR
BOCA RATON FL 33498

If above addresses are incorrect in any way, line through incorrect information and enter correction below

2. New Principal Office Address, If Applicable
Suite, Apt. #, etc.
City & State
Zip | County

3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.
City & State
Zip | Country

4. Date Incorporated or Qualified To Do Business In Florida: 06/15/1995

5. FEI Number: 65-0588359 (Applied For / Not Applicable)

6. CERTIFICATE OF STATUS DESIRED

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
D	MULHOLLAND, ROSEANNE	10425 BUENA VENTURE DR	BOCA RATON FL 33498

000001976740--9
-10216296--01045--012
****375.00 ****375.00

10/15/96

REINSTATEMENT

8. Name and Address of Current Registered Agent
MULHOLLAND, ROSEANNE
10425 BUENA VENTURE DR
BOCA RATON FL 33498

9. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City | State: FL | Zip Code

CR2E040 (7/96)

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent: X Roseanne Mulholland — Date: 9/26/96
REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒ (See other side for information on intangible tax.)

12. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: X Roseanne Mulholland - Roseanne Mulholland 9/26/96 (561) 852-7872
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0072944 AF