

P 95000530/4

TRANSMITTAL LETTER

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

June 14, 1995

SUBJECT: The filing and the Incorporation of The Roommate Network

I enclose an original and 2 copy(ies) of the Articles of Incorporation for the above proposed corporation and a check in the amount of \$ 122.50

SIGNED: _____

Andrew J. Rachlin, Registered Agent

626 Maitland Ave

Altamonte Springs, FL 32701

407-830-5885

ENCLOSURE
Filing Fee \$122.50
122.50

11:14 AM
W95-12728
615



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

June 22, 1995

ANDREW J. RACHLIN
626 MAITLAND AVE.
ALTAMONTE SPRINGS, FL 32701

SUBJECT: THE ROOMMATE NETWORK, INC.
Ref. Number: W95000012728

We have received your document for THE ROOMMATE NETWORK, INC. and your check(s) totaling \$122.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must contain written acceptance by the registered agent, (i.e. "I hereby am familiar with and accept the duties and responsibilities as registered agent for said corporation"); and the registered agent's signature.

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) 487-6973.

AMANDA HERRING
Document Specialist

Letter Number: 795A00030660

ARTICLES OF INCORPORATION

OF

The Roommate Network, Inc.

ARTICLE I NAME

The name of the corporation shall be: The Roommate Network, Inc.

ARTICLE II PRINCIPAL OFFICE

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

815 Sandlake Road, Orlando, FL 32809

ARTICLE III CAPITAL STOCK

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 ADDRESS

The name and address of the initial registered agent is:

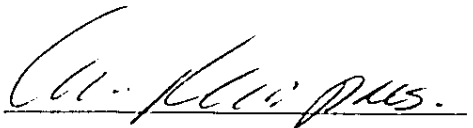
Andrew J. Rachlin, • 626 Maitland Ave. • Altamonte Springs, FL 32701

ARTICLE V INCORPORATOR

The name and street address of the incorporator to these Articles of Incorporation is:

Absolutely Free, Inc. • 815 Sandlake Rd • Orlando, FL 32809

The undersigned has executed these Articles of Incorporation this Seventh day of June, 1995.



For the Incorporator.

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 in designating the registered office/registered agent, in the state of Florida.

1. The name of the corporation is:

The Roommate Network, Inc.

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

Andrew Rachlin

626 Maitland Ave.

Altamonte Springs, FL 32701

Signature: _____

Title: **President**

Date: 6-27-95

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: _____

Date: 6-27-95

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 # P95000053014

THE ROOMMATE NETWORK, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

96 SEP 23 AM 11:34

1.2
10/4

Principal Place of Business

815 SANDLAKE ROAD
ORLANDO FL 32809

Mailing Address

815 SANDLAKE ROAD
ORLANDO FL 32809



If business addresses are incorrect in any way, list through correct information and enter correction below

1. New Principal Office Address, If Applicable

2. New Mailing Office Address, If Applicable

3. State, Apt. #, etc.

4. State, Apt. #, etc.

5. City & State

6. City & State

7. Zip

8. County

9. Zip

10. Country

4. Date Incorporated or Qualified
to Do Business in Florida

07/10/1995

5. FIC Number

59-3343622

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$9.75 Additional Fee required
for a Certificate of Status

7. Name and State of Address of Each Officer and/or Director of Florida nonprofit corporation, must list at least 3 Directors

1. Name of Officer and/or Director
PR Barbara Rumpel
Secy John H. Rumpel
Treas

2. Street Address of Each Officer and/or Director
(Do NOT Use Post Office Box Numbers)
133 Overlook Dr.
133 Overlook Dr.

3. City / State / Zip
Chuluota FL 32766
Chuluota FL 32766

500001970113
-10/10/96--01014--028
****375.00 ****375.00

8. Name and Address of Current Registered Agent

RACHLIN, ANDREW J
626 MATLAND AVE.
ALTAMONTE SPRINGS FL 32701

9. Name and Address of New Registered Agent

Name
Barbara Rumpel
Street Address (P.O. Box Number is Not Acceptable)
815 Sand Lake Road
State, Apt. #, Etc.

City
Orlando
State
FL
Zip Code
32809

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

Barbara Rumpel
REGISTERED AGENT MUST SIGN

Date
9/18/96

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, the undersigned, am an officer or director of 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 reasons for dissolution have 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)(b), 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:

Barbara Rumpel
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/18/96
Daytime Phone # 407/240-0900