79700059285

97 JUL -8 PH 12: 51

Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314 ASSOC. SOUNEAST IN OR
ASSOCIATION (Proposed corporate name - must include suffix) SUBJECT: Enclosed is an original and one(1) copy of the articles of incorporation and a check for : \$70.00 \$78.75 **□**\$122.50 **⊠** \$131.25 Filing Fee Filing Fee Filing Fee, Filing Fee & Certificate & Certified Copy Certified Copy & Certificate will wait ADDITIONAL COPY REQUIRED FROM: <u>FILEX CALCACNI</u>
Name (Printed or typed) 46568 RIVER RO Address OPOE CITY FL 33525 352-523-9545

Daytime Telephone number

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

ARTICLES OF INCORPORATION

97 JUL -8 PH 12: 51.

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

TALLAHASSEE, FLORIDA

ARTICLE	I	NAME
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The name of the corporation shall be:

R/C ASSOC, JOUTHEAST INC.

ARTICLE II PRINCIPAL OFFICE

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

CPSOS RIVER RO OFFICE CHY FL 33525

ARTICLE III SHARES

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

10

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

MLEX CALCAGNI URSOB RIVER RD DADE CIMY FL 33525

ARTICLE V INCORPORATOR

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

ACEX CALCAGUI 40508 RIVER AD OPDE CIY FL 33525

Signature/Incorporator

Data

(An additional article must be added if an effective date is requested.)

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 proposition as registered agent

Signature/Registered Agent

Date