

P970000065793

Rex M. Nolen
Requestor's Name

P.O. Box 148
Address

Istachatta, FL 34636
City/State/Zip Phone #

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. R & K of Nobleton Inc.
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

☐ Walk in

☐ Pick up time _____

☐ Certified Copy

☐ Mail out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

FILED
JUL 28 AM 11:43
TALLAHASSEE, FLORIDA

NEW FILINGS	
<input checked="" type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

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****122.50 ****122.50

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

Handwritten signature and date 7/28/97



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

July 28, 1997

REX MCKEEN
P.O. BOX 148
ISTACHAHA, FL 34636

SUBJECT: R & K OF NOBLETON INC.
Ref. Number: W97000017272

We have received your document for R & K OF NOBLETON 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):

Section 607.0120(6)(b), or 617.0120(6)(b), Florida Statutes, requires that articles of incorporation be executed by an incorporator.

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 (850) 487-6933.

Dana Calloway
Document Specialist

Letter Number: 097A00037896

Articles of Incorporation

FILED

97 JUL 28 AM 11:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

- (1.) The name of the Corporation is

R & K of NOBLETON INC.

- (2.) Principal place of business is

29250 Lk Lindsey Rd.
Nobleton, Fla. 34661

Mailing Address

P. O. Box 148
Istachatta Fla. 34636

- (3.) The Corporation shall have the authority to issue one hundred shares of stock in one class only, each with a par value of ten (10.00) dollars

- (4.) The Registered agent of the corporation is

Rex McKeen

The Registered address of the resident agent is

29250 Lake Lindsey Rd
Nobleton, Fla 34661

- (5.) The initial Bd of Directors shall have two members whose names and addresses are as follows

Rex McKeen
P. O. Box 148
Istachatta, Fla. 34636

Kathy McKeen
P.O. Box 148
Istachatta, Fla. 34636

- (6.) The number of directors may be raised or lowered by amendment of the by-laws of the corporation, but in no case be less than one.

- (7.) The incorporator of this corporation is Rex McKeen whose address is P.O. Box 148 Istachatta Fla. 334636

Rex McKeen 7-29-97

REGISTERED AGENT AFFIDAVIT

I, Rex McKeen, Having been named as Registered Agent and to accept service of process for the Corporation Known as R & K of Nobleton Inc., at the place designated in this certificate, do hereby accept the appointment as Registered Agent and agree to act in this capacity.

29250 Lake Lindsey Rd
Nobleton, Fla. 34661

I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties and am familiar with, and accept the obligation of my position as Registered Agent

Rex McKeen
(Rex McKeen)

Registered Agent

7-29

1997

STATE OF FLORIDA
COUNTY OF SUMTER

The foregoing instrument was acknowledged before me on the
____ day of _____, 1997 By Rex McKeen

(Notary Public State of Fl
My Comm. expires _____

Personally known____or produced Identification
Type of Identification_____

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