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DIVISION OF CORPORATIONS

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

RR AND ASSOCIATES OF CENTRAL Shovide, Tive, (Proposed corporate name - must include suffix) SUBJECT: Enclosed is an original and one(1) copy of the articles of incorporation and a check for: **№**\$122.50 **□** \$131.25 \$70.00 \$78.75 Filing Fee, Filing Fee Filing Fee Filing Fee & Certified Copy **Certified Copy** & Certificate & Certificate ADDITIONAL COPY REQUIRED JRRHASSOCIATES INC GAVE

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

CORRECT

ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida 77/0.24 Business Corporation Act, hereby adopts the following Articles of Incorporation.
ARTICLE I NAME
The name of the corporation shall be:
JRR & ASSOCIATES OF CENTRAL FLORIDA
ARTICLE II PRINCIPAL OFFICE
The principal place of business and mailing address of this corporation shall be:
195 S. WESTMONE DR SUITE C
ACTAMMTE SPRINGS, 72 32714
ARTICLE III SHARES
The number of shares of stock that this corporation is authorized to have outstanding at any one time is:
200
ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS
The name and Florida street address of the initial registered agent are:
TOUMA LEWIS-195 S. WESTMONTE DR. SUITEC
JOHNA, LEWIS-1955. WESTMONTE DR. SuiteC ACTAMMES PAINSS, FC 32714
ARTICLE V INCORPORATOR
The name and address of the incorporator to these Articles of Incorporation are:
JOHN A. LEWIS
256-208 ATTAMME BAY CLUB
ACTAMONTE SPRINGS, 78 32701
a la formation of the state of
John July Date
// Signature/Incorporator / Date

(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 my position as registered agent

Signature	/Registe	red A	gent
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REGISTERED AGENT