OF HEAD'SE ONLY (Dicumble) LANGRUS CORPORATE FILING SERVICE (Requestor's Name) 3320 S.W. 87th AVENUE (Address) MIAMI, FLORIDA (305)552-5973	
(City, State, Zip) (Phone #)	
LOCAL REPRESENTATIVE TALLAHASSE	E OFFICE USE ONLY
CORPORATION NAME(S) & DOC	IIMEN'T NUMBER(S) (if known).
Pinny DC	
(Corporation Name)	(Document #)
2.	7.
(Corporation Name)	(Document #)
(Corporation Name)	(Document #)
4. (Corporation Name)	(Document #)
(Corporation Name) Walk in Rick up time	
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Mail out Will wait	Photocopy Certificate of Status
	~2
NEW FILINGS	AMENDMENTS
Profit	Amendment Resignation of R.A., Officer/Director Change of Registered Agent
NonProfit	Resignation of R.A., Officer/Director
. Limited Liability	Change of Registered Agent
Domestication	Dissolution/Withdrawal \\ \\ \\ \\ \\ \
Other	Merger
OTHER FILINGS	REGISTRATION/ 8000028420489
Annual Report	OUALIFICATION -04/16/9901062023 Foreign *****78.75 *****78.75
Fictitious Name	Limited Partnership
Name Reservation	Reinstatement
/	Trademark
	Other

Examiner's Initials

P2E031/0/02\



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

April 16, 1999

LAZARUS

MIAMI, FL 33064

SUBJECT: RIDGEWAY ASSOCIATES INCORPORATED

Ref. Number: W99000009123

We have received your document for RIDGEWAY ASSOCIATES INCORPORATED. However, the document has not been filed and is being returned for the following:

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Simply adding "of Florida" or "Florida" to the end of a name is not acceptable. Please select a new name and make the correction in all appropriate places. One or more words may be added to make the name distinguishable from the one presently on file.

Please return the original and one copy of 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) 487-6934.

Loria Poole Corporate Specialist

Letter Number: 599A00019615

RECEIVED PR 2: 50 PH 2: 50 PH/S/30/ GEORGE PLORIDA

ARTICLES OF INCORPORATION

99 APR 20 PH 3: 10

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Icorporation.

ARTICLE I NAME

The name of the corporation shall be:

Ridgway Associates GROUP, Inc.

ARTICLE II PRICIPAL OFFICE

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

1541 N.E. 34th court Pompano Bch, FL 33064

ARTICLE III SHARES

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

100

ARTICLE IV INITIAL REGISTERED AGENT AND SRIEET ADDRESS

The name and address of the initial registered agent is:

Susie Ridgway 1541 N.E. 34th ct. Pompano Bch, FL 33064

ARTICLE V INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

Susie Ridgway

Patrick Ridgway

1541 N.E. 34th court Dompano Buh, FL 33064

ARTICLE VI DIRECTOR(S)

The name(s) and street address(es) of the director(s) to these Articles of incorporation is(are):

Susie Ridgway (P)
Patrick Ridgway (VP)
1541 NE 34th ct.
Pompano Bch, FL 33064

The undersigned incorporator(s) has(have) executed these Articles of incorporation this _______, 19 99 .

Signature

Articles of Incorporation Filing Fee - \$35

CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of sections 607.0501 or 617.0501, 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.

l.	The name of the corporation is: Ridgway Associates GROUP, I	UC-
2 .	The name and address of the registered agent and office is:	
	Susie Ridgway (NAME)	٠.
	, ,	
	1541 N.E. 34th court	
	(P.O. BOX NOT ACCEPTABLE)	
	Pompano BU, FL 33064 至5 5. (CITY/STATE/ZIP) 至3 5.	navidade
	AS 20 1	******
HAVII	NG BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF	
******	CESS FOR THE ABOVE STATED CORPORATION AT THE PLACE THE GNATED IN THIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENTAS	
nr/Al	INTEREN AGENT AND AGREE TO ACT IN THIS CAPACITY. I FUR HIER 🛴	
人心の	EE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATING TO PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM	
FAMI	ILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS ISTERED AGENT.	
	SIGNATURE Susie Ridgway	
	SIGNATURE_AMSLE MAGNAGE	
	DATEH/12/99	

REGISTERED AGENT FILING FEE: \$35.00