

P13000071292

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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13 AUG 23 PM 12:41

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MRB  
8/28/13

## COVER LETTER

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

SUBJECT: Florida SS Realty Inc  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☒ \$70.00      ☐ \$78.75  
Filing Fee      Filing Fee  
                         & Certificate of Status

☐ \$78.75      ☐ \$87.50  
Filing Fee      Filing Fee,  
& Certified Copy      Certified Copy  
                         & Certificate of  
                         Status  
**ADDITIONAL COPY REQUIRED**

FROM: LINDA K. RISDEN  
Name (Printed or typed)  
908 Brock  
Address  
HINESVILLE GA 31313  
City, State & Zip  
934 345 5530  
Daytime Telephone number  
RISDEN @ BELLSouth.NET  
E-mail address: (to be used for future annual report notification)

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

**ARTICLES OF INCORPORATION**  
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

**ARTICLE I NAME**

The name of the corporation shall be: FLORIDA SE REALTY INC **FILED**

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is: **13 AUG 23 PM 12:41**

908 BROCKTON DR  
HINESVILLE GA 31313

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: REAL ESTATE

**ARTICLE IV SHARES**

The number of shares of stock is: 100

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: PRES, \_\_\_\_\_

Name and Title: LINDA K. RUDEN

Address

908 BROCKTON DR  
HINESVILLE GA 31313

Address: \_\_\_\_\_

Name and Title: TREAS, SEC

Name and Title: BRITTANY J. RUDEN

Address

908 BROCKTON DR  
HINESVILLE GA 31313

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address

Address: \_\_\_\_\_

(conti.)

FILED

Name and Title: _____	Name and Title: _____
Address _____	Address: _____
_____	_____
_____	_____

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE VI REGISTERED AGENT**

The **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:

Name: LINDA RISEN  
Address: 6900 NW 30 AVE  
FT. LAUDEDALE FL 33309

**ARTICLE VII INCORPORATOR**

The **name and address** of the Incorporator is:

Name: LINDA RISEN  
Address: 908 BROCKTON DR  
HINESVILLE GA 31313

*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*

\_\_\_\_\_  
Required Signature/Registered Agent

8/19/13  
Date

*I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.*

\_\_\_\_\_  
Required Signature/Incorporator

8/19/13  
Date