P05000052765

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



500049780325

04/11/05--01024--018 **78.75

05 APR | | AH 10: 54
SECRETARY OF STATE



TRANSMITTAL LETTER

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

SUBJECT:	KCS* Company	Inc.		
(PROPOSED CORPORATE NAME – <u>MUST INCLUDE SUFFIX</u>)				
Enclosed are an original and one (1) copy of the articles of incorporation and a check for:				
	, (1) vop,			
\$70.00	\$78.75	\$78.75	\$87.50	
Filing Fee	Filing Fee & Certificate of Status	Filing Fee & Certified Copy	Filing Fee, Certified Copy	
	or certificate of Status	a cerunea copy	& Certificate of	
		ADDITIONAL COL	Status	
		ADDITIONAL CO	PY REQUIRED	
	Rafael Cata			
FROM:				
Name (Printed or typed)				
	505 La	Coraine SE		
505 La Grave SE				
	6 17.1	b0)		
	Grand Vapids	state & Zin	49583	
	- City,	oute to Zip		
	616774	3324		
•	Daytime Te	elephone number	· · · · · · · · · · · · · · · · · · ·	

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

APP AND FILED
SECRETARY OF STATE TALL AHASSEE, FLORIDA
IXELAU
i.
ragement or Real
··
istered agent is:

rporation at the place designated in the act in this capacity
4-11-05 Date

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:

RCS# Company Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

505 La Grave ave. SE Geand Papids, m. 49503

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Construction, maintenance repair and man

ARTICLE IV SHARES

The number of shares of stock is:

50,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

Rapael Cata, President Grand Papids MI 29503

REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the reg

tallahassee,

INCORPORATOR The <u>name and address</u> of the Incorporator is:

Karael Cata

505 La Grave are SE M1 49607

Having been named as registered agent to accept service of process for the above stated co certificate, I am familiar with and accept the appointment as registered agent and agree to a

gnature/Registered Agent

Signature/Incorporator