

P00000073944

TRANSMITTAL LETTER

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

RESIDENTIAL SPECIALISTS OF SOUTH FLORIDA, INC.

SUBJECT:

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

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

\$70.00  
Filing Fee

☒ \$78.75  
Filing Fee  
& Certificate of Status

\$78.75  
Filing Fee  
& Certified Copy

\$87.50  
Filing Fee,  
Certified Copy  
& Certificate of  
Status

ADDITIONAL COPY REQUIRED

FROM:

ROBERT J. MCPHILLIPS, SR.

500003340745--8  
-07/31/00--01116--013  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

Name (Printed or typed)

8960 NW 45 COURT

Address

CORAL SPRINGS, FLORIDA 33065

City, State & Zip

954-757-2382

Daytime Telephone Number

SECRET  
TALLAHASSEE, FLORIDA

00 JUL 31 PM 2:01

FILED

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:

RESIDENTAL SPECIALISTS OF SOUTH FLORIDA, INC.

## ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

8960 NW 45 COURT  
CORAL SPRINGS, FLORIDA 33065

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

PAPERHANGING

## ARTICLE IV SHARES

The number of shares of stock is:

10

## ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s) and address(es):

ROBERT J. MCPHILLIPS, SR.  
8960 NW 45 COURT  
CORAL SPRINGS, FLORIDA 33065

## ARTICLE VI REGISTERED AGENT

The name and Florida street address registered agent is:

ROBERT J. MCPHILLIPS, SR.  
8960 NW 45 COURT  
CORAL SPRINGS, FLORIDA 33065

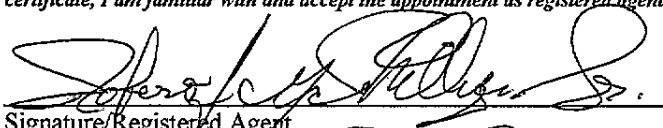
## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

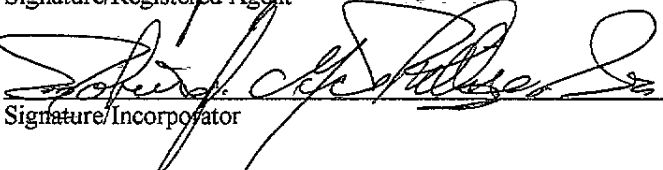
ROBERT J. MCPHILLIPS, SR.  
8960 NW 45 COURT  
CORAL SPRINGS, FLORIDA 33065

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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 to act in this capacity

  
Signature/Registered Agent

07/23/00  
Date

  
Signature/Incorporator

07/23/00  
Date

FILED  
00 JUL 31 PM 2:01  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA