

P04000008505

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

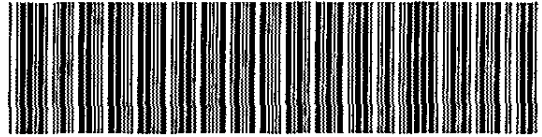
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



100025964421

01/05/04--01035--019 \*\*78.75

EFFECTIVE DATE  
01-01-04

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

04 JAN -5 PM 2:18

FILED

G. G. G. JAN 13 2004

<b>Form SS-4</b> (Rev. December 2001) Department of the Treasury Internal Revenue Service	<b>Application for Employer Identification Number</b> (For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, Indian tribal entities, certain individuals, and others.) <b>▶ See separate instructions for each line. ▶ Keep a copy for your records.</b>	<b>EIN</b> 20-0520898 OMB No. 1545-0003
<b>1* Legal name of entity (or individual) for whom the EIN is being requested</b> R And S Screenings Inc		
<b>2 Trade name of business (if different from name on line 1)</b>		<b>3 Executor, trustee, "care of" name</b>
<b>4a* Mailing address (room, apt., suite no. and street, or P.O. box)</b> 7608 pineryway unit d		<b>5a Street address (if different) (Do not enter a P.O. box)</b>
<b>4b* City, state, and ZIP code</b> tampa FL 33615		<b>5b City, state, and ZIP code</b>
<b>6* County and state where principal business is located</b> County hillsborough State FL		
<b>7a* Name of principal officer, general partner, grantor, owner, or trustor</b> heriberto reyes		<b>7b* SSN, ITIN, EIN</b> 395-78-6993
<b>8a* Type of entity (check only one)</b> <input type="checkbox"/> Estate (SSN of decedent) <input type="checkbox"/> Sole Proprietor (SSN) _____ <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation (enter form number to be filed) ▶ 1120s <input type="checkbox"/> Personal Service <input type="checkbox"/> Church or church-controlled organization <input type="checkbox"/> Other nonprofit organization (specify) ▶ _____ <input type="checkbox"/> Other (specify) ▶ _____		
<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Plan administrator (SSN) _____  <input type="checkbox"/> Trust (SSN of grantor) _____  <input type="checkbox"/> National Guard <input checked="" type="checkbox"/> State/local government  <input type="checkbox"/> Farmers' cooperative <input checked="" type="checkbox"/> Federal government/military  <input checked="" type="checkbox"/> REMIC <input checked="" type="checkbox"/> Indian tribal government/enterprises            Group Exemption NO. (GEN) ▶ _____         </div> </div>		
<b>8b* If a corporation, name the state or foreign country (if applicable) where incorporated</b>		<b>State</b> FL
<b>9* Reason for applying (check only one)</b> <input type="checkbox"/> Banking purpose (specify purpose) ▶ _____ <input type="checkbox"/> Started new business (specify type) <input type="checkbox"/> Changed type of organization (specify new type) ▶ _____ ▶ screen repair <input type="checkbox"/> Purchased going business <input type="checkbox"/> Hired employees (Check the box and see line 12) <input type="checkbox"/> Created a trust (specify type) ▶ _____ <input type="checkbox"/> Compliance with IRS withholding regulations <input type="checkbox"/> Created a pension plan (specify type) ▶ _____ <input type="checkbox"/> Other (specify) ▶ _____		
<b>10* Date business started or acquired (month, day, year)</b> JAN 1 2004		<b>11* Closing month of accounting year</b> DEC
<b>12 First date wages or annuities were paid or will be paid (month, day, year) Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year) ▶</b>		
<b>13 Highest number of employees expected in the next twelve months Note: If the applicant does not expect to have any employees during the period, enter "-0-". ▶</b>		Agriculture 0 Household 0 Other 0
<b>14* Check box that best describes the principal activity of your business</b> <div style="display: flex; flex-wrap: wrap;"> <div style="width: 33%;"> <input type="checkbox"/> Construction <input type="checkbox"/> Rental &amp; leasing <input type="checkbox"/> Transportation &amp; warehousing <input type="checkbox"/> Real estate <input type="checkbox"/> Manufacturing <input type="checkbox"/> Finance &amp; insurance         </div> <div style="width: 33%;"> <input type="checkbox"/> Health care &amp; social assistance <input type="checkbox"/> Accommodation &amp; food service <input type="checkbox"/> Retail         </div> <div style="width: 33%;"> <input type="checkbox"/> Wholesale-agent/bro <input type="checkbox"/> Wholesale-other         </div> </div>		

<input type="radio"/> Other (specify) _____		
15* Indicate principal line of merchandise sold; specific construction work done; products produced; or services provided. screen repair		
16a* Has the applicant ever applied for an employer identification number for this or any other business? ..... <input type="radio"/> Yes <input type="radio"/> N		
Note If "Yes" please complete lines 16b and 16c		
16b If you checked "Yes" on line 16a, give applicant's legal name and trade name shown on prior application if different from line 1 or 2 above		
Legal name ▶ _____		
Trade name ▶ _____		
16c Approximate date when, and city and state where, the application was filed. Enter previous employer identification number if known.		
Approximate date when filed (month, day, year)	City and state where filed	Previous EIN
<input type="text"/>	<input type="text"/>	<input type="text"/>
Complete section only if you want to authorize the named individual to receive the entity's EIN and answer questions about the completion of this form		
Third Party Designee	Designee's name	Designee's telephone number (include area code) ( ) -
	Address and ZIP code	Designee's fax number (include area code) ( ) -
Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.		Applicant's telephone number (include area code) ( ) -
Name and title (type or print clearly) ▶		Applicant's fax number (include area code) ( ) -
Signature ▶ Not Required      Date ▶ December 29, 2003 GMT		
For Privacy Act and Paperwork Reduction Act Notice, see separate instructions. Cat. No. 16055N      Form SS-4 (Rev. 12-200)		
<b>Next</b>		

Department of State  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

**SUBJECT:** R And S SScreenings, Inc.

Enclosed is an original and (1) copy of the Articles of Incorporation and a check for:

\$70.00  
Filing Fee

\$78.75  
Filing Fee  
& Certified  
Copy

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

FROM: HERIBERTO REYES  
Name(printed or typed)

7608 PINERYWAY UNIT D  
Address

Tampa FL 33615  
City State & Zip

(813) 249-1311  
Daytime Telephone Number

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

# ARTICLES OF INCORPORATION OF R And S Screenings , Inc

## ARTICLE I

The name of the Corporation is R & S Screenings, Inc.

## ARTICLE II

Its initial registered office and principal office in the State of Florida is  
7608 Pineryway Unit D, Tampa, FL, County of Hillsborough .  
The name of the initial registered agent at such address is Heriberto Reyes.

EFFECTIVE DATE  
01-01-09

## ARTICLE III

The nature of the business or purposes to be conducted or promoted is to engage  
in any lawful act or activity for which corporations may be organized under the  
Florida Business Corporation Act.

## ARTICLE IV

The total number of shares of capital stock that the Corporation shall have  
authority to issue is 1,000 all of which are to be common stock with a par  
value of \$.01 per share.

## ARTICLE V

The name and address of the incorporator is: Heriberto Reyes.  
7608 Pineryway Unit D, Tampa, Fl 33615.

FILED  
04 JAN -5 PM 2:18  
SECRETARY OF STATE  
TALLAHASSEE FL 32399

## ARTICLE VI

The corporation is to have perpetual existence.

## ARTICLE VII

The private property of the stockholders shall not be subject to the payment of corporate debts.

## ARTICLE VIII

Subject to the laws of the State of Florida, the following provisions are adopted for the management of the business, and for the conduct of the affairs of the corporation and for the conduct of the affairs of the corporation and for defining, limiting and regulating the powers of the corporation, the directors, and the stockholders:

- (a) The books of the corporation may be kept outside the State of Florida at such place or places as may from time to time be designated by the Board of Directors.
- (b) The business of the Corporation shall be managed by its Board of Directors and the Board of Directors shall have power to exercise all the powers of the Corporation, included (but not limited to) the power to create mortgages upon the whole or part of the property of the Corporation, real or personal, without any action of or by the stockholders, except as otherwise provided by statute.
- (c) The number of Directors constituting the initial Board of Directors is one(1). The number of Directors may be increased or decreased from time to time in accordance with the Bylaws, but shall never be less than one(1). The name and address of each initial Director of the Corporation is as follows:

Heriberto Reyes

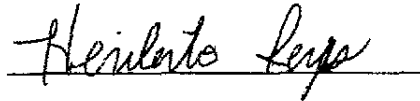
7608 Pineryway Unit D  
Tampa, FL 33615

(d) The Corporation reserves the right to amend, alter, change, add to or repeal any provision contained in these Articles of Incorporation in the manner now and hereafter prescribed by statute, and all the rights herein conferred are granted subject to this reservation.

## ARTICLE IX

In accordance with Florida Statutes, the date when corporate existence shall commence is the date of subscription and acknowledgment of these Articles of Incorporation.

I The undersigned, the incorporator hereinbefore named, for the purpose of forming a corporation pursuant to the Florida Business Corporation Act, do make these Articles, hereby declaring and certifying that this is my act and deed and the facts herein stated are true and accordingly have hereunto set my hand this 12 day of 29 2003 With an Effective date of incorporation 1 Jan 2004

A handwritten signature in cursive script, reading "Heriberto Reyes", is written over a horizontal line.

Heriberto Reyes

# CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

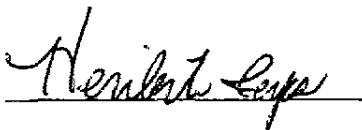
Pursuant to the provisions of Section 607.0501 or 617.0501, Florida Statutes, the undersigned Corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

1. The name of the corporation is R And S Screenings, Inc.
2. The name and address of the registered agent and office is:

Heriberto Reyes  
7608 Pineryway #D  
Tampa, FL 33615

FILED  
04 JAN -5 PM 2:18  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*Having been named 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 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 am familiar and accept the obligations of my position as registered agent.*



Signature

12-29-03

Date