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(Address)

(Address)

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
04 JAN 20 PM 2:13

1-29-04

## TRANSMITTAL LETTER

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

SUBJECT: RFK Solutions, 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  
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: Rudy F. KAZMIERSKI  
Name (Printed or typed)

115 EAST LAKE CLUB DR  
Address

OKOSMA, FL 34677  
City, State & Zip

727-789-1796  
Daytime Telephone number

**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)

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### ARTICLE I NAME

The name of the corporation shall be:

*R.F.K Solutions Inc.*

### ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

*30345 US Hwy 19 N  
SUITE M  
CLEARWATER, FL 33761*

### ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

*MARKETING*

### ARTICLE IV SHARES

The number of shares of stock is:

*1,500 SHARES of Common Stock*

### ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

*RUDY F. HAZMIERSKI PRESIDENT  
115 EAST LAKE CLUB DR  
OLDSMAR, FL 34677*

### ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

*RUDY F. HAZMIERSKI  
115 EAST LAKE CLUB DR  
OLDSMAR, FL 34677*

### ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

*RUDY F. HAZMIERSKI  
115 EAST LAKE CLUB DR  
OLDSMAR, FL 34677*

\*\*\*\*\*  
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

*[Signature]*  
\_\_\_\_\_  
Signature/Registered Agent

*1-14-04*  
\_\_\_\_\_  
Date

*[Signature]*  
\_\_\_\_\_  
Signature/Incorporator

*1-14-04*  
\_\_\_\_\_  
Date