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(Re	equestor's Name)	
(Ad	idress)	 ==
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(Ci	ty/State/Zip/Phone #)
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DIVISION OF COOPE STATEMS

TRANSMITTAL LETTER

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

		ATE NAME – <u>MUST INCL</u>	
_	inal and one (1) copy of the ar	. /	
☐ \$70.00 Filing Fee	☐ \$78.75 Filing Fee		\$87.50 Filing Fee,
	& Certificate of Status	& Certified Copy	& Certificate of
		Status ADDITIONAL COPY REQUIRED	
FROM: R	yan D. Bowen		
	Nam	e (Printed or typed)	
	7820 SW 57 Court		
-		Address	
	South Miami, FL 33143		
•	Čity	y, State & Zip	
	(305) 332 8669		
_	Davrima	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)

ARTICLE I NAME

The name of the corporation shall be: R.D.B. Services, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is: 7820 S.W. 57 Court South Miami, FL 33143

ARTICLE III **PURPOSE**

The purpose for which the corporation is organized is: Property Management/Maintenance

ARTICLE IV SHARES

The number of shares of stock is: One hundred (100)

INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s): Ryan D. Bowen, President

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is: Ann D. Bowen 7820 SW 57 Court

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Ann D. Bowen 7820 S.W. 57 Court South Miami, FL 33143

South Miami, FL 33143

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

Signature/Registered Agent

Signature/Incorporator