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To:

Division of Corporations

Fax Number

: (850)205-0381

From:

Account Name : SIEGELAUB & ASSOCIATES, P.A. Account Number : 119990000058

Phone : (954)753-2222

Fax Number : (954)?53-1123

FLORIDA PROFIT CORPORATION OR P.A.

RETAIL CONSULTING SOLUTIONS, INC.

Certificate of Status	1 .
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SECRETARY OF STATE
TALLAHASSEE, FLORING

ARTICLES OF INCORPORATION OF

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE ONE

NAME

The name of the corporation shall be:

Retail Consulting Solutions, Inc.

ARTICLE TWO-

PRINCIPAL OFFICE

The principle place of business and mailing address of this Corporation shall be:

10914 NW 46 Drive Coral Springs, FL 33076

SIEGELAUB & ASSOCIATES, P.A.
2801 N. University Drive suite 301
CORAL SPRINGS, FL 33065
(954)753-2222 H050000103983

ARTICLE THREE CAPITAL STOCK

The number of shares of stock that this Corporation is authorized to have outstanding at one time is one thousand shares of common stock with a par value of one dollar.

ARTICLE FOUR

INITIAL REGISTERED AGENT & ADDRESS

The name and address of the initial registered agent is:
Ludwig Weingarten
10914 NW 46 Drive
Coral Springs, Fl 33076

ARTICLE FIVE

INCORPORATOR

The name and address of the Incorporator is:
Ludwig Weingarten
10914 NW 46 Drive
Coral Springs, Fl 33076

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The undersigned has executed these Articles of Incorporation. This 21st day of January.

Signature

Date: 1/91/0 -

CERTIFICATE OF DESIGNATED REGISTERED AGENT

Pursuant to the provisions of section 607.0501 Florida Statutes, the Undersigned Corporation, under the Laws of the State of Florida submits to the following statement designating the registered agent in the State of Florida.

- 1. The name of the corporation is:

 Retail Consulting Solutions, Inc.
- The name and address of the registered agent Ludwig Weingarten 10914 NW 45 Drive

Coral Springs, Fl 33076

Signature:

Datter

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Having been named as the Registered Agent and to accept service of process for the above stated corporation at the place designated in this Certificate, I accept the appointment as Registered Agent and agree to comply with the provisions of all the statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as Registered Agent.

sionature:

Date:

H050000170073

TALLAHASSEE, FLORIDA